

Received by:

Date:

Date Taken:

Time In:

Time Out:

Texas A&M University- Commerce Academic Testing Center Testing Checklist

Course and Section #:

Location for test to be returned:

Instructor Name:

Instructor contact (phone/email):

Date the Exam should be taken by:

Time Allotted for exam in classroom:

If student is a no-show, do you want the exam returned the same day? Yes No

Student Name(s):

Please check any of the following that are allowed for the student taking this exam:

Students may keep exam

Rulers

Handwritten Notes

Open Book

Class notes/ Note Cards

Formula Sheet (please describe quality/ quantity)

Calculator (please be specific about type allowed)

Other:

Special Instructions:

X

Instructor's Signature