LEARNING LAB TEST INFORMATION SHEET

TODAY'S DATE: _____

Instructor's Name: _____

Contact Information: Office extension: _____ Phone number: _____

Email Address: _____

Course Alpha/Numeric: _____

Number of Tests: _____ **(Over 10 tests need to be approved.)**

TYPE of TEST:

Make-up		Mid-term exam	
Online/Hybrid		Final exam	
Student Success Center		Other	

PLEASE CHECK THE FOLLOWING:

Scantron ☐	May Write on Test ☐	Open book ☐
Answer Sheet ☐	Keep in file ☐	Two Part Test ☐
Blue Book ☐	Reuse the exam ☐	1._____
Theme paper ☐		2._____

Do Not Give Out After_____ **Time Limit** _____

MAY USE:

Calculator ☐	_____	Scratch paper ☐	_____
Sheet of Notes ☐	_____	3 x 5 Note Card ☐	_____

STUDENT'S NAME or OTHER INSTRUCTIONS: _____

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