Exam Administration Form

Fall 2020

Student Name: ___________________________ Faculty Name: ___________________________

Course Name: ___________________________ Faculty Phone Number: ___________________________

Exam Specifications

Exam duration for all students: ________ hours ________ minutes

Date & time the exam is to be administered:

No earlier than ___________________________ Date ___________________________ Time ___________________________

No later than ___________________________ Date ___________________________ Time ___________________________

Allowed items during exam:

- index card(s)
- notes
- textbook
- bluebook

Calculator:

- basic
- scientific
- graphing

Scantron number: ___________________________

Additional comments or other items allowed: ___________________________

Computer Based Exams

URL or location of exam: ___________________________

Login: ___________________________ Password: ___________________________

Delivery Information

All exams will be delivered through email and then through campus mail, if requested.

Email this exam to: ___________________________

And send this exam through campus mail to Box: ___________________________

*If box number left blank, exams will be shredded after grades are posted.