

REACH TESTING INFORMATION SHEET

DATE:

INSTRUCTOR:

STUDENT NAME:

COURSE TITLE AND NUMBER:

CHAPTER/UNITS BEING TESTED:

DATE AND TIME TEST BEING TAKEN:

OFFICE PHONE:

HOME PHONE:

ROUTING OF COMPLETED TEST:

HOLD IN FILE

SEND TO INSTRUCTOR BY INTERCAMPUS MAIL

OTHER

DIRECTIONS FOR MONITORING THE TEST(S)/EXAMS (check all that apply)

GREEN SCANTRON

BLUE SCANTRON

WRITE ANSWERS ON TEST

INSTRUCTOR GENERATED ANSWER SHEET

TIME LIMIT

NO TIME LIMIT

MAY WRITE ON TEST

MAY NOT WRITE ON TEST

MAY USE NOTES

MAY NOT USE NOTES

MAY USE TEXTBOOK

MAY NOT USE TEXTBOOK

MAY USE CALCULATOR

MAY NOT USE CALCULATOR

USE OF COMPUTER REQUIRED

PASSWORD FOR ONLINE TEST

ACCOMODATIONS

SPECIAL NEED OR REQUESTS BY THE INSTRUCTOR: