

Internet Exams

Course Name:	Instructor:
Date Delivered:	Test Number:

Special Instructions: Range of Dates: / / to / / /

Time limit on test: _____

Materials allowed: _____

INTERNET EXAMS	Test Roster included: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student's Name	Date Test Administered	Scanton or Test Copy #	Student's Signature	Instructor's Signature	Date of Pick-up
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