

Exam Type: \_\_\_\_\_ Internet \_\_\_\_\_ Make-up Exam \_\_\_\_\_ VCT Exam \_\_\_\_\_ Correspondence  
 Other Exam (please explain) \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Course Name:	Instructor:
Date Delivered: / /	Test Number:
Special Instructions: <u>Range of Dates: / / to / /</u> <u>Time limit on test:</u>	
Materials allowed:	
Password: _____	
Test Roster included: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please read the following statement and acknowledge your understanding by signing below:  
 If the test administrator determines that an examinee is engaging in any prohibited behavior, that observation will be reported to their instructor. Students may not access the Internet for any reason other than logging onto their exam through Blackboard.**

Student's Name	Date Test Administered	Scantron or Test Copy #	Student's Signature	Instructor's Signature	Date of Pick-up
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