

ON-LINE/BLENDED TEST FORM

FILL OUT ONE FORM ONLY FOR ONE OR MULTIPLES OF THE SAME TEST.

TODAY'S DATE _____ INSTRUCTOR _____

PHONE _____

ONLINE COURSE _____ BLENDED COURSE _____

TESTING INFORMATION:

1. TEST TO BE TAKEN (Be Specific, e.g., Chapter 1 Test)

2. TIME ALLOTTED FOR THE TEST _____

3. DATES TEST IS TO BE COMPLETED _____

4. PLEASE CHECK ANY AIDS THE STUDENT MAY USE WHILE TAKING THE TEST:

_____ CALCULATOR

_____ NOTES

_____ DICTIONARY

_____ SPELLER

_____ WORD PROCESSOR

_____ TEXT

_____ INTERNET

OTHER _____

5. BRIGHTSPACE INSTRUCTIONS/PASSWORD(case sensitive)

6. _____ The Assessment Center has permission to have a Brightspace Exam reset if instructor is unavailable.

7. SPECIAL INSTRUCTIONS (Student Work To Be Turned In, Hand Back Student Work etc.) _____

8. RETURN THE TESTS:

CAMPUS MAIL _____ INSTRUCTOR WILL PICK UP _____

9. LIST STUDENTS TAKING TEST (OR ATTACH A CLASS ROSTER):