

THIS FORM MUST BE ATTACHED TO EACH TEST SENT TO THE IVCC ASSESSMENT CENTER

INSTRUCTOR _____

COURSE _____

PHONE _____

STUDENT TO BE TESTED _____

TESTING INFORMATION:

1. TEST TO BE TAKEN. BE SPECIFIC (E.G. CHAPTER 1 TEST)

2. TIME ALLOTTED FOR THE TEST _____

3. TEST COMPLETED BY (if applicable) _____

4. TESTING MATERIALS THE STUDENT MAY USE WHILE TESTING

_____ CALCULATOR (indicate basic/scientific/graphing)

_____ NOTES _____ DICTIONARY

_____ INTERNET _____ TEXT _____ SPELLER/TRANSLATION

_____ WORD PROCESSOR _____ STRAIGHT EDGE

Brightspace: _____ Note from Tutoring Center _____

Password(case sensitive): _____

_____ The Assessment Center has permission to have Brightspace exam reset if instructor is unavailable

Other Notes: _____

5. RETURN THE TEST: _____ CAMPUS MAIL _____ INSTRUCTOR PICK UP

Office Use

Date Received _____ Date Taken _____ Time Started _____ Time Completed _____