

TESTING SERVICES
Test Reservation/Administration Card

<u>For Office Use Only</u>	
Exams Logged in by: _____	Initials
Completed TRAC	
Filed by: _____	Initials

Instructor Name	Phone Number	Email Address
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Department Number - Course Number	Section Number(s)
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Course Name

Testing Schedule:

Begin testing on _____ End testing on _____

Estimated length of test _____ Student time limit _____

Each test must have a Student Cover Sheet stapled to it.

Count the number of tests you are submitting and record the number here _____

Are you submitting different forms of the test? _____

Total number of: Form A _____ Form B _____ Form C _____ Form D _____

Testing aids allowed:

_____ None _____ Calculator _____ Notes _____ Text

Other

Student is to write responses on:

_____ Exam _____ Scan Form (provided by your department) _____ Testing Services Blue Book

Other

Scoring Information:

_____ Testing Services will score _____ Instructor will score

Test Return Options:

_____ Via Testing Services courier _____ Instructor will pick up

Note: Courier runs once per day - visit www.uwosh.edu/testing for schedule, or call ext. 1432.