

# TESTING SERVICES

## Test Reservation/Administration Card

Instructor Name _____	Phone Number _____	Email Address _____
Department #, Course #, class time _____		
Course Name _____		
Testing Schedule for Semester: Begin Testing on (date) _____ End Testing on (date) _____ Begin Testing on (date) _____ End Testing on (date) _____ Begin Testing on (date) _____ End Testing on (date) _____ Begin Testing on (date) _____ End Testing on (date) _____		
<b>Estimated length of test</b> _____ Student time limit _____		
<u>Each test must have a Student Cover Sheet <b>stapled</b> to it as the first page.</u> Stuff answer sheets in exam before they are delivered to Testing Services. Count the number tests you are submitting and record the number here _____		
<b>Note:</b> A reservation is required for all tests that will be administered in the Testing Services area both classroom and make-up. Call x0073 to make reservations or send reservation card well in advance of testing date.		
Testing aids allowed: _____ None      _____ Calculator      _____ Notes      _____ Text Other _____		
Student is to write responses on: _____ Exam      _____ Scan Form (provided by your dept.)      _____ 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		
<b>Note:</b> Courier runs once per day during academic year semester – visit <a href="http://www.uwosh.edu/testing">www.uwosh.edu/testing</a> for schedule, or call ext. 1432.		