

Date: _____ Date By Which Test Must Be Taken: _____ Monitored: _____
Not-monitored: _____

Student's Name: _____

Instructor's Name: _____ Course # _____

Student's may use:
Books _____ Notes _____ Calculator _____ Time Limit: _____

Other Instructions: _____

Instructions for Completed Test: (Check Appropriate Space)
Put in Mailbox _____ Pick Up In LRC _____ Pick Up In Testing Center _____

LIBRARY STAFF USE ONLY

DATE: _____ Test Start Time: _____ Initials: _____
I.D. Checked _____ TCC _____ D.L. Test End Time: _____ Initials: _____

Date: _____ Date By Which Test Must Be Taken: _____ Monitored: _____
Not-monitored: _____

Student's Name: _____

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