

# TEST PROTOCOL FORM

Date: \_\_\_\_\_

From: \_\_\_\_\_  
*NAME OF INSTRUCTOR* *DEPARTMENT* *EXT.*

To: **LEARNING ASSISTANCE CENTER**

Please administer the \_\_\_\_\_ attached exam \_\_\_\_\_  
as follows: *COURSE TITLE* *TEST NUMBER*

Make-up (campus class)  Online Class

Student's Name/s:  ANY  See list attached  Name on test or: \_\_\_\_\_

ID Required: YES NO

Indicate Testing Dates: From \_\_\_\_\_ To \_\_\_\_\_

Time Allowed: \_\_\_\_\_

*\*\*Allow enough time for students to complete their tests.*

Please check the appropriate boxes:

OPEN BOOK/OPEN NOTES  CLOSED BOOK  DICTIONARY (electronic / paper)

NOTE CARDS (size / 1 or 2 sides) \_\_\_\_\_  CALCULATOR (standard / graphic / programmable)

PAPER (Blue Book / notebook) \_\_\_\_\_  SCRATCH PAPER ALLOWED

SCANTRON (882 / 883 / 884 / provided)  ANSWER DIRECTLY ON TEST PAPER

Special Instructions: \_\_\_\_\_

If needed for questions on the examination, I can be contacted at \_\_\_\_\_

