PART 1: *(To be completed by instructor)* DATE: 10/2/17

INSTRUCTOR INFORMATION:

Smart (Last Name)   Jenny (First Name)

Please include a phone number or email where we may contact you.

Jsmart@mtsac.edu (Email Address)   (909) 123-4567 (Contact Phone)

STUDENT INFORMATION: *(additional names may be added on back of form)*

Student names are required. Exams that leave the student space blank or say "any" will not be accepted.

STUDENT(S) NAME:	To be completed by LAC staff				
	DATE	IN	INIT.	OUT	INIT.
Heather Glass					
Alex Brandenberg					
Misael Huizar					

Course name, exam title, and the number of provided exams.
To be completed by date and time, and time allowed.

EXAM INFORMATION:

Course: Physics   Exam Title: Exam 2   # of exams provided: 3

To be completed by: 10/5/17 (Date)   3 pm (Time)   Time allowed: 1 hr 25 min

Please be sure to allow enough time for students to complete their exam.

Requirements / Accommodations. *(Please check and/or circle all that apply):*

Please specify everything the student will be using for their exam.

- [ ] Book / Notes permitted
- [ ] Notecards (Specify below)
- [x] Answer directly on exam

- [ ] Dictionary   (Electronic / Paper)
- [x] Calculator   ((Standard)/ Graphic / Programmable)
- [ ] Scantron   (882 / 883 / 884 / Provided)
- [ ] Paper   (Blue Book / Notebook)

Additional / Special Instructions:

Further instructions may be specified in the *Additional/Special* Instructions space.

Students may use yellow formula sheet titled "smart physics"

EXAM PROTOCOL FORM

Authorized Representatives

Name of Assistant / TA	Drop Off	Pick Up	Date	Inst. Init.
Emily Guitierrez	☐	☑	10/2/17	JS
	☐	☐		

ADDITIONAL STUDENT INFORMATION: (*if necessary*)

	To be completed by LAC staff				
STUDENT(S) NAME:	DATE	IN	INIT.	OUT	INIT.

PART 2: (*To be completed by LAC staff*)

RECEIPT INFORMATION:

(Date) MP:

NOTIF

PICK U

(Date)

(Signature of instructor or designee) (LAC staff init.)

TIMESTAMP:

Revised 10/2017