

Please deliver this form along with the exam documents to Testing Services via one of the following:

- Hand Deliver to our office in French Hall West, Rm. 1505
- Email to: testdel@ucmail.uc.edu

Student Name(s): Include all student names or attach a roster of students taking this test.

Instructor name(s): List all instructors attached to this test.

Course/Section(s): (TEST 1001-001) List all that apply:

Instructor Phone Number:

(will not be shared with student)

Exam Title: ex. MATH 1001 Exam 2

Exam Length: (for class)

Testing Window: (indicate earliest and latest dates and times test may be given): *Ex. 8/24 9am to 8/28 2pm

Allowed Materials:

None Textbook Notes Calculator Scratch Paper Computer/tablet

Notecards Scantron (must be provided by faculty) Other:

Special Instructions: (include exam passwords here)

Return Instructions:

Email to:

Hold for pick-up by:

*Unless otherwise indicated, exams will be emailed or held at our office for one semester. After that time, exams will be shredded.

TESTING SERVICES USE ONLY:

Seat: _____

Start: _____

Accommodations: _____

Estimated End: _____

Extended Length: _____

Actual End: _____