Date Submitted: _____________________
Instructor: ________________________
Class: ____________________________
Office Number/Delivery Location: ______________ Extension/Message Phone:_______________

Student’s Name: __________________________________________________________________

Please provide the following information for this exam:

- Amount of time allotted: ________
- Please indicate (with a check mark) if students are allowed to use the following:
  - _____open book(s) _____open notes _____dictionary _____calculator
- Please indicate if students will need a: _____scantron or _____blue book
- Please note any special instructions beyond the information you have given here:__________
  _______________________________________________________________________________

All tests will be HAND-DELIVERED to the location indicated.

This form authorizes CAS to proctor the attached test(s). Tests to be proctored should be hand-delivered to CAS staff in LRC 205. CAS is not responsible for exams not delivered directly to the office (LRC 205), and cannot guarantee the security of an exam if the indicated procedure is not followed.

Instructor’s Signature: ________________________________________________________________
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