Test Information Form
University of Alaska Southeast
Testing Center

Course Name and Number: ________________________________

Number of Students Testing: ____________

Student Name(s): ______________________________________
(attach a roster or leave blank if all students in class are tested)

Instructor Name: ______________________________________

Instructor Contact Phone: ________________________________

Test Instructions

Date(s) the exam may be taken: ____________________________

Material the student may use: ____________________________
(calculator, textbook, notes, etc.)

☐ No Time Limit    ☐ Time Limit of ____________________________

Restroom breaks allowed:  ☐ Yes  ☐ No

Special Instructions: ____________________________________

_______________________________________________________

Completed exams will be picked up:  ____ by instructor  _______________ by TA
(specify name)

We appreciate receiving a master copy of each exam just in case extra copies need to be made.

Regular Hours*:

Monday:  9 AM - 8 PM
Tuesday:  9 AM - 8 PM
Wednesday:  9 AM - 6 PM
Thursday:  9 AM - 6 PM
Friday:  9 AM - 4 PM
Saturday:  Closed
Sunday:  1 PM - 5 PM

*Check uas.alaska.edu/juneau/tlc for holiday closures and summer/interim hours.