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Proctored By: Date Taken: Start Time End Time

Testing Proctor Use Only

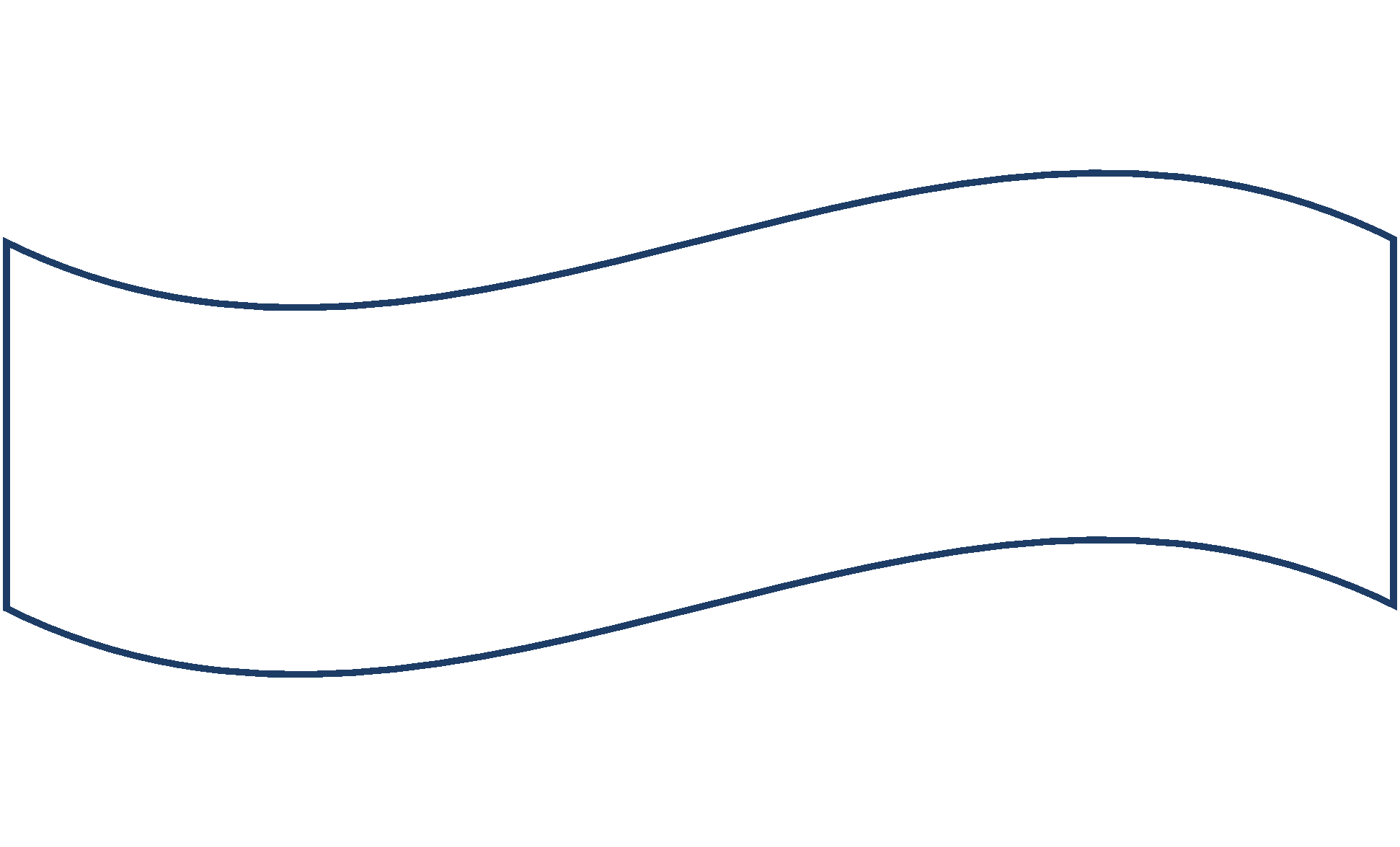
(First)

(First)

(Last)

(Name)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | |  |  |  |
| Faculty Name:  (Last) |  | | |  | Office Number: |  |
| Course:  (Number) |  | |  | |  |  |
| Test/Quiz # or Name: |  | | | |  |  |
| Date Given: |  |  | | |  |  |
| Date Expired: |  | *If no expiration date, test will remain in Testing*  *through the final week of classes.* | | |  |  |

**Restrictions:** Indicate all listed in addition to any you might have.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Time:** |  | **Format:** |  | **Materials Permitted:** |  | **Special Instructions:** |
|  | ***If no time listed 50 minutes default*** |  | No GradeMaster |  | Writing Instrument Only |  |
|  | Time Allowed |  | GradeMaster |  | Calculator |
|  |  |  |  |  | Open Book/Notes |
|  |  |  |  |  | Scrap Paper (Return with Test) |
|  |  |  |  |  | Other (Please Specify) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Testing

Academic Resource Center

Faculty: Please complete and attach **one form per test for each student.** All tests will be returned to your credenza.

Questions? Contact [arctesting@bju.edu](mailto:arctesting@bju.edu) or ext. 8200

Attach test and submit to Academic Resource Center Testing, Alumni 206.