

TESTING CENTER / TEST INTAKE FORM

(Phone No. 652-7696, Fax 656-4016, Email: testcenter@dixie.edu)

TEST INFORMATION

Time Stamped In _____ Tech Name _____ CRN# _____

Instructor _____ Exam# _____
Last First

Course _____
Title Department Phone

***Depart. Chair's Signature (only needed for Final Exams)** _____

Starting Date _____ Time _____
Ending Date _____ Time _____

Testing Time: Unlimited Other _____ **Scantron:** Yes No

Write On Test: Yes No **Online Test** **Password**

(Jared Johnson (Ext. 7950) can help with online testing)

Allowable Materials:

None Calculator Dictionary Scratch Paper Reference Material Other

Special Instructions:

TEST SECURITY

Allow test to be sent to an off-campus proctor _____
Teacher Signature

Test In:

Number of Test Copies _____ Teacher Initials _____ Tech Initials _____
Number of Answer Sheets _____ Other _____

Test Out:

Deliver My Test

Deliver to: _____ Building _____ Office # _____

Used Test Copies _____ Used Answer Sheets _____ Scantrons _____
Unused Test Copies _____ Unused Answer Sheets _____

Closed out by _____ Signed out/delivered by _____
Tech Initials *Tech Initials*

I have picked up all of my scantrons, tests, and answer sheets for this test _____
Teacher Signature

Time Stamped Out _____