

Student & Course Information

Date: _____ Student ID: _____

Student Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Course Name & Number: _____ Year/Term Enrolled: _____

Professor's Name: _____

Name / Number of Test: _____

Assignment(s) Turned in: _____

For Test Center use only

Start Time: _____ End Time: _____ ID Type / #: _____ Checked by: _____

Test Center Staff Comments: _____

Proctor's Name: _____ Proctor's Signature: _____

Method of Return: _____ Returned by: _____

Date Returned: _____ Remarks: _____