

To Be Completed by the Instructor:

The **student** must return **completed, signed** form to Office of Learning Services **three (3) working days prior to the test.** **TEST TIMES:** Tests taken in Office of Learning Services may begin no earlier than **9:00 a.m.** and must be **completed by 4:00 p.m.**

Method of Conveying Test to Learning Services: *(please check one and provide date/approx. time)*

____ Instructor/designee **delivers** test to Office of Learning Services: Lyle Hall Room 352
____ Instructor **faxes** test to Office of Learning Services at: 871-7943
____ Instructor **e-mails** test to Office of Learning Services at:
learning.services@millersville.edu

ON: Date _____ Approx. time _____

Test Requirements *(Please check **all** items that apply to this test and add any other special information):*

Notes Allowed: Yes / No **Book(s) Allowed:** Yes / No **Calculator Allowed:** Yes / No

Computer Needed: Yes / No **Internet Access Allowed:** Yes / No

All test materials must be returned (including scratch paper): Yes / No

Other Instructions *(please specify):* _____

What is the normal length of time allowed for this test? _____

Method of Returning Test to Instructor: *(If no method is selected, campus mail method will be used)*

____ Instructor (or designee) picks up test from Office of Learning Services, Lyle Hall, Room 352
on: (date) _____

____ Office of Learning Services returns test to instructor in sealed/signed confidential envelope via
campus mail

REQUIRED *(Please note: all information in this block must be completed)*

Instructor's Signature: _____ Date: _____ Tele #: _____

Instructor May Retain this Portion as a Reminder

Student Name: _____ Test to be conveyed date & time _____
Method of conveying test to Office of Learning Services (Lyle Hall Rm 352) _____

Learning Services Info: tele: 871-5554 fax: 871-7943 e-mail: learning.services@millersville.edu