**INSTRUCTORS:**

* Complete **one form per student per exam.**
* **Forward completed form and exam** to a Testing Center email address listed below.
* Please submit tests **at least 48 hours in advance** of the requested testing date.

**Date Received by Testing Center**

**Start time:**

**End time:**

**Returned to Instructor**

|  |  |
| --- | --- |
| **Student Name:** *Click here to enter text.* | **Date Submitted:** *Click here to enter a date.* |
| **Instructor Name:** *Click here to enter text.* |  **Contact Email:** Click here to enter text. |
| **Contact Phone:***Click here to enter text.* |  **Test must be taken by:** *Click here to enter a date.* |
|  **(A date must be entered. Preferably within 30 days of test submission.)** |

**Course Prefix, Number, & Section:** *Click here to enter text.*

**TEST-TAKING INSTRUCTIONS: *(Check all that apply)***

|  |  |  |
| --- | --- | --- |
| [ ]  **Closed book test** | [ ]  **Scratch paper allowed** | [ ]  **Use Scan Sheet -** Specify Side To Use. |
| [ ]  **Open book test** |  | [ ]  **Use 8 ½ Lined Paper - Provided By Instructor** |
| [ ]  **Notes may be used** | [ ]  **No Calculator may be used** |  |
| [ ]  **Dictionary may be used** | [ ]  **Four Function Calculator** |  |
|  | [ ]  **Standard/Scientific Calculator** |  |
|  | [ ]  **Graphing Calculator** |  |
|  |

**TIME LIMIT FOR TEST:** Click here to enter text. **Hrs.** Click here to enter text. **Min.**  [ ]  **No Time Limit**

**RETURN COMPLETED TEST:**

[ ]  **Via email:** *Click here to enter text.*

[ ]  **Via United States Postal Service** ***(Pre-Paid Return Postage Required****)*

**INSTRUCTIONS FOR DISPOSING** **OF** **UNCOMPLETED ORIGINAL TESTS:**

[ ]  **Shred**

[ ]  **Return via United States Postal Service *(Pre-Paid Return Postage Required)***

**TESTING LOCATIONS:**

**Elkhorn Valley Testing Center** **testingcenterevc@mccneb.edu** **Room 158 531-622-1278
Fort Omaha Testing Center** **testingcenterfoc@mccneb.edu** **Building 23, Room 311 531-622-2204**

**South Omaha Testing Center** **testingcentersoc@mccneb.edu** **Connector Bldg, Room 102 531-622-4613**

**Signed by student at the Testing Center**

|  |
| --- |
| **Student Signature*****I certify that I am the above named person taking the test.*** |

**OTHER INSTRUCTIONS / COMMENTS /DIRECTIONS FOR ACCESSING ONLINE TESTS (INTERNET BASED):**

*Click here to enter text.*