**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**](mailto:testingcenterevc@mccneb.edu) **Room 158 531-622-1278  
Fort Omaha Testing Center** [**testingcenterfoc@mccneb.edu**](mailto:testingcenterfoc@mccneb.edu) **Building 23, Room 311 531-622-2204**

**South Omaha Testing Center** [**testingcentersoc@mccneb.edu**](mailto: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.*