ACADEMIC SKILLS CENTER
TEST SUBMISSION FORM

DATE TO BE TAKEN BY: ________________

NOTE: Tests will be returned 7 days after receipt unless otherwise noted.

Instructor ____ *Subject ____
* Subject Catalog Section i.e. NURS 150 02

Student Name: __________________________________ **Student ID Number:** ______________________

END TIME
(OFFICE USE ONLY)

SPECIAL INSTRUCTIONS Student will have ________________ minutes to complete the exam.

Student May Use : Textbook Y N Notes Y N Calculator Y N

Other Instruction:

METHOD OF RETURN Instructor/ Staff will PICK UP Y N Call extension for PICK-UP _________________________________

Mailbox # ___________________ Department of ____

^^**OFFICE USE ONLY**^^^

Date Submitted __________________Initial ________________ **Method of Delivery** Hand _________Mail ____________ Drop Box___________

Date Test was Taken __________________Initial ________________ *****FOLLOW THROUGH WITH RETURN INSTRUCTIONS*****

Staff Member Accepting *COMPLETED* Test: Initial _______________ Date called for pick up (if applicable) ________________Initial_______________

Return Date __________________Initial ___________ **Method of Return** 1) Picked up by ____

(Circle if) Test Returned Not Taken 2) Mailed to ____

STUDENTS MUST PRESENT ACCEPTABLE IDENTIFICATION; PLEASE SEE WEBSITE FOR LIST OF ACCEPTABLE IDENTIFICATION DOCUMENTS.
PLEASE ALSO INFORM YOUR STUDENT THAT NO ELECTRONIC DEVICES OR PERSONAL ITEMS ARE ALLOWED IN THE ACADEMIC SKILLS CENTER.
(CELL PHONES, I-PODS, BACKPACKS, BOOKS, FOOD, DRINK, ETC.)
We DO NOT mail completed tests to off-campus locations. 9/18/09