

Test Administration Form

Instructor Name _____ Course _____
Phone Number _____ Today's Date _____

Title of Exam (i.e. Midterm, Vocabulary Quiz, etc.)* _____

Your **name, **course title**, and the **exam title** also need to be printed at the top of each exam so that this administration form can be matched with your test.*

Students to be tested: _____ anyone who asks
_____ only students listed below or on attached sheet

_____	_____
_____	_____
_____	_____
_____	_____

Where should students put answers: _____ on the actual test
_____ on a scantron answer sheet
_____ on blank paper
_____ on a teacher-made answer sheet

What testing aids may be used: _____ calculator
_____ notes
_____ textbook
_____ other: explain below

List any other directions for administering your test (including time limits or deadlines):

If you have made arrangements with the **off-campus** sites in Athens or Vonore for testing, how would you like the completed exam returned to you:

_____ sent through inter-office mail to your mailbox
_____ sent to your file in the testing center
_____ faxed to the following number: _____
_____ other: _____