

Testing Center – HSBA 3016 10:30 am – 3:30 pm M-TH

Faculty: _____ (Faculty Office: _____)

Student Name: _____ (student needs to present photo ID)

Date(s) may be given: _____ Time Allotted: _____

Materials allowed (notes, calculator, books, cell phones, etc...):

Date and Time Completed: _____ (filled out by GA)

Completed Test to be delivered to: _____

Signature: _____