Administer at: LAPL □ LEON □ PRIN □ Remote Site □  
Course Name & No. ___________________________

Send Competed Test To: LAPL □ LEON □ PRIN □  
Section # ________________ Exam/Quiz # ______

Instructor’s Name:_____________________________  
Signature: ________________________________

Contact Info: __________________________________

Test For: Group: □ Individual: □  
Roster Enclosed: Yes □ No □
Type: Classroom Make-Up □ Web □ Hybrid □ DLC □

WHOLE CLASSROOM TESTS WILL NOT BE ACCEPTED. TIMING OF TESTS IS VERY CRITICAL. PLEASE BE VERY SPECIFIC ABOUT TIMING AND CONSIDERATE OF TESTING CENTER HOURS.

Allow 2 days for delivery to another campus. Tests ending on Friday to be sent to another campus will not be in the mail until Monday. THERE IS NO SATURDAY MAIL SERVICE.

Student’s Name(s) (if no roster):
1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________
6. __________________________________________

Students must complete this test by: Date & Time_____________ and within ____ Hours ____ Minutes

Instructor will pick up the test from the Testing Center by: Date & Time______________________________

Student(s) may use only the materials indicated (Mark all that apply):

- □ Pen
- □ Bluebooks #_______
- □ Scantron #_______
- □ Pencil
- □ Charts #_______
- □ Calculator/type_______
- □ Scratch paper
- □ Tables #_______
- □ Formula sheets #_______
- □ Notes: __________________________ Specifications: ________________________________

- □ E-Books, Textbooks, or Reference book(s) title(s) __________________________________________

Additional Instructions: ________________________________________________________________

ADA ACCOMMODATIONS: When turning in multiple tests, please fill out a separate form for each student with accommodations. Only granted accommodations are to be given.

ADA EXTENSIONS: LA PLATA, EXT. 7614       LEONARDTOWN, EXT. 5420       PRINCE FREDERICK, EXT. 6009

Student’s Name ____________________________  Proctor/Scribe’s Name: ____________________________

Total Time Allowed: _____ Hours _____ Minutes  This Represents: Time and a half □ Double Time □

Assistive Technology:  Word q3 □ Dragon □ Kurzweil □ Optelec □ Other □

Date Test Received: __________________________  Received by (Testing Center Staff Initials): __________

Test picked up by (signature): ___________________________  Date: __________