



Return completed forms to the Testing Center at CC 2459C or via e-mail at [nsctesting@seattlecolleges.edu](mailto:nsctesting@seattlecolleges.edu).

Today's Date:

### Information

Student Name:

Instructor:

Course:

Instructor E-mail:

Exam Name:

Exam Room: **LB1141**

Return completed exams via:

### Specific Allowances for Exams

**Items will not be permitted unless marked. Cell phones will not be permitted for use under any circumstance.**

Calculator:	Non-Graphing	Graphing	
Notes:	None	Single Page	
	Double Sided	Return notes with exam	
	Other		
Other items:	Scratch Paper	Textbook	Computer
	Other		

### Schedule of Exam

Test must be completed by:      Date:       Time:

Allowed Time(minutes):      Student may take exam any time on scheduled day:      Yes      No

If student arrives late for scheduled time:      Allow to begin exam?      Allow full time?

Yes      No      Yes      No

Additional notes: