

Blinn Exam Administration Form

Campus: _____

Instructor:	Course/Section(s):	Today's Date:	Start Date:
Work/Cell Phone #:	Exam # / Title:	# of Copies Submitted:	Deadline:
PLEASE LIST THE NAME OF EACH STUDENT OR ATTACH ROSTER			
Student Name	Fac. Initial	Student Name	Faculty Initial
Special Instructions (please be clear):		Materials Allowed: <input type="checkbox"/> Scantron Type: _____ <input type="checkbox"/> Bluebook <input type="checkbox"/> Paper (provided by LC) <input type="checkbox"/> Word Bank <input type="checkbox"/> Calculator Type: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Spellchecker <input type="checkbox"/> Open Book <input type="checkbox"/> Notes <input type="checkbox"/> Formula Sheets	
Time Limit:		How you want the exam returned? <input type="checkbox"/> Email exam to Instructor email <input type="checkbox"/> Pick up from ODS/Testing Center	
Office Use: Start Time: End Time: Employee Name: Key #: _____ Returned Y or N			

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