



Atlanta Metropolitan State College
Office of Testing Services
1630 Metropolitan Parkway, SW
Atlanta, Ga. 30310
404-756-4783

Notification must be given to the Office of Testing Services at least 14 business days in advance and be provided with specific instructions and sufficient copies of their Exam prior to test administration. Please submit form to testing@atlm.edu. Please also include an attachment with a list of eligible students who will be taking the exam.

INSTRUCTOR	Name: _____ Email: _____ Phone: _____ Office/ Room #: _____
COURSE	Course Name & CRN #: _____ Semester: _____
EXAM INFORMATION	<p style="text-align: center;">Exam type (e.g. midterm, Final Exam) _____</p> (Option 1) Test date & time: _____ Time limit: _____ (Option 2) Test date & time: _____ Time limit: _____ Number of students: _____ Number of tests: _____
<p><u>Allowed Materials (please check all that apply):</u></p> <p> <input type="checkbox"/> Textbook <input type="checkbox"/> Dictionary <input type="checkbox"/> Thesaurus <input type="checkbox"/> Notes <input type="checkbox"/> Basic calculator <input type="checkbox"/> Scientific calculator <input type="checkbox"/> Graphing calculator <input type="checkbox"/> Other (e.g. formula sheets) _____ <input type="checkbox"/> No materials allowed </p>	
<p><u>Answer Format:</u></p> <p> <input type="checkbox"/> Write answers on exam <input type="checkbox"/> Essay Booklet <input type="checkbox"/> Answer Sheet provided <input type="checkbox"/> Scantron <input type="checkbox"/> Other (Please specify) _____ </p>	
<p>Special Instructions:</p> <hr/> <hr/>	
Instructor Signature: _____ Date: _____ Signature-Testing Department: _____ Date Received: _____	

Attention: Instructors please pick up your exam at least 1-2 days after test administration. Please inform all examinees that Photo Identification (with recent photo) is required.