

UC East Alternate Testing Envelope (Single Use Only)

Faculty must complete this form and return 1 business day prior to exam to the Testing Center mailbox in Room 137 or via email at UCEastDS@uc.edu.

Student Name:				
Course Title an	nd Number:			
Instructor Name:				
CLASS Time A	allotted for Quiz/Test	/Exam: (hours/r	ninutes)	
Student must c	omplete quiz/test/exa		Time	
	Student May Use (Please Circle):		Note: Only an item that is circled will be allowed into the Testing Center. If an item is left un-circled,	
Textbook	Notes	Dictionary	it will be assumed that it is NOT allowed.	
Calculator	Formulas	Other		
Special Instruc	tions:			
Return to facStudent deliv	ulty mailbox ers in sealed envelope to	selected, test returned to factors on my: Mailbox Class	•	
	Eks Up EENTER STAFF ONLY	_		
	Time Student Started Exam: Projected Finish Time:			
Time Student Finis	hed Exam:	Evam Returned F	Exam Returned By:	