

LSC-Montgomery Testing Center
INSTRUCTOR TEST REFERRAL FORM

TODAY'S DATE: _____
INSTRUCTOR NAME: _____ CONTACT PHONE: _____

CLASS NAME/ COURSE NUMBER: _____

TEST NAME: _____

NUMBER OF TESTS (if dropping off): _____

TIME ALLOWED ON TEST: _____ hour(s) _____ minutes (leave blank if unlimited time is allowed)

COMPLETE EXAM ON (Please indicate all that apply):

- Computer
- Test
- Blue book
- Scantron
- Notebook paper
- Other _____

START DATE: _____ END DATE: _____

How to return completed tests (**circle one**): pick up / email /inter-office mail

ALLOWED MATERIALS (please check):

- Nothing allowed
- Calculator (please check type):
 Any _____, 4-function _____, Scientific _____, Graphing _____
- Scratch paper
- Computer
- Other _____

SPECIAL INSTRUCTIONS and/or STUDENT NAMES (if you don't have a roster):

Important! Please provide the following:

Include your full name (instructor's name) and your LSC campus name on the top of EACH test

Include page numbers

Include any supplementary documents (formula sheets, etc.)

Include a line or space on the test where students can write their name

You may drop off your tests with this completed form at the LSC-Montgomery Testing Center C204

OR

Email the completed form, and your test to: MCTestingCenter@lonestar.edu