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

Updated 09/23/2014