



FACULTY/COURSE TEST PROCTORING



Today's Date:	
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Referring Instructor:		Phone Number:	
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Name of Contact:		Phone Number:	
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Name of Course:		Course Number:	
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Name of Examinee:		Phone Number:	
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Test Date:		Test Time:	
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Length of Test:	
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INSTRUCTIONS FOR RETURN OF TEST

<input type="checkbox"/> Professor to pick up test.	<input type="checkbox"/> Interoffice test.
<input type="checkbox"/> UTS staff to return test.	<input type="checkbox"/> Other _____

Signature

Date

FOR OFFICE USE ONLY

Date Student Tested:	Receipt No:
Date Test Mailed:	Name of Proctor:

Picked up by: _____
Signature Name (please print) Date

Mailed by: _____
Signature Name (please print) Date