Test Parameters Form

This form is for instructors to complete and deliver to the SAS office, along with each exam and/or quiz. Delivery of this form by students will not be accepted.

_____   _____

Student's Name   Course / Exam Title

_____   _____   _____

Date of exam   Time of exam   Allotted class time for exam

The above student is permitted to use the following materials on the listed exam or quiz:

___ Notes
___ Textbook
___ Multiplication grid
___ Excel
___ Calculator: specify calculator type _____
___ Other: _____

Instructor pick-up method:

___ Pick up from DSPS office
___ Scan and E-mail to instructor SCHOOL e-mail address _____

_____   _____   _____

Instructor's Name   Instructor Signature   Date