

*Chesapeake College  
Testing Center (L-133)  
(410) 822-5400, ext. 344  
Fax # 410 827-5235*

[testingcenter@chesapeake.edu](mailto:testingcenter@chesapeake.edu)

**INSTRUCTOR:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_

**COURSE:** \_\_\_\_\_

**TYPE OF TEST (PLEASE CHECK ONE):**

Telecourse/Videocourse \_\_\_\_\_

Make-up Test \_\_\_\_\_

(If Make-up Test, Student's Name) \_\_\_\_\_

**INSTRUCTIONS FOR THE TESTING CENTER STAFF:**

Date test can be taken: Starting Date \_\_\_\_\_ End Date \_\_\_\_\_

Is there a time limit for this test? \_\_\_\_\_ If yes, what is the limit? \_\_\_\_\_

What answer form is needed (check as many as appropriate)?

Scantron (List number) \_\_\_\_\_ Scantron included with test? \_\_\_\_\_

Write directly on test \_\_\_\_\_

Essay Paper \_\_\_\_\_

Other (please explain) \_\_\_\_\_

May any materials be used for the test (check all that apply)?

Books \_\_\_\_\_

Notes \_\_\_\_\_

Calculator \_\_\_\_\_

Is any equipment needed to complete this test (e.g. tape recorders, computer, etc.)? \_\_\_\_\_

Special Instructions (Please list): \_\_\_\_\_

**RETURN THIS TEST TO ME:** \_\_\_\_\_ **Deliver to my campus mailbox**

\_\_\_\_\_ **U.S. Mail (provide addressed envelope)**

\_\_\_\_\_ **I will pick up**

\_\_\_\_\_ **Other**