

KAPIOLANI COMMUNITY COLLEGE TESTING CENTER
 TEST ADMINISTRATION FORM FOR PAPER-BASED TESTS (Rev 8/13/2014)

FACULTY & STAFF: Help prevent lost / misdirected tests by putting your name and course on each test submitted. Please write in the names of the student(s) allowed to take the test, or attach a roster of students.

Today's Date: _____ Page: _____ of _____

Faculty Name: _____ Office Phone: 734-9 _____ Course: _____
 Other Phone: _____ CRN: _____

Circle and/or highlight appropriate qualifiers, and note time limits, if applicable

| | | | |
|-------------------------------------------------------------|------------------|------------------------------|------------------------------------|
| Open Book | Scratch Paper | Calculator | Index Cards / Crib Sheets _____ |
| | | | (specify type allowed) |
| Closed Book | No Scratch Paper | No Calculator | No Index Cards / No Crib Sheets |
| Time Limit (MANDATORY): _____ | | Test Must Be Taken By: _____ | |
| (if greater than 90 min, use hours : minutes format) | | | |

Additional Instructions:

| PRINT STUDENT NAME(S) (Or attach a roster of students) | STUDENT SIGNATURE | DATE THIS TEST TAKEN | TC STAFF INITIAL OUT & TIME | TC STAFF INITIAL IN & TIME | FACULTY INITIAL | DATE THIS TEST PICKED UP |
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(Continuation) Page: _____ of _____

| PRINT STUDENT NAME | STUDENT SIGNATURE | DATE THIS TEST TAKEN | TC STAFF INITIAL OUT & TIME | TC STAFF INITIAL IN & TIME | FACULTY INITIAL | DATE THIS TEST PICKED UP |
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