Appointments must be made prior to every exam. <u>Students MUST present a photo ID before testing!!!</u>

TAMIU
testing center

Today's Date/Time: _____ / _____

<u>**Student/Instructor Information:**</u>

Student's Name:_____ **Student's Phone:** _____

Instructor's Name (first/ last): _____ **Instructor's Phone:** _____

Course Name (number/section): _____ **Class Meeting time/days:** _____ /_____

<u>**Requested Date and Time of Exam:**</u>

Date Exam is to be taken: _____

Time Exam is to be taken: _____

<u>**Authorized Materials:**</u>   <u>**List Any Other Special Instructions Below:**</u>

Please Check Yes or No	Yes	No
Calculator (indicate type)		
Notes		
Books		
Formulas		
Scrap Paper		
Dictionary		
Other:		

*Designees must be identified before releasing exam to them to the Testing Center.

To be completed by Testing Center Staff

_____ ____
Name of Person Administering Exam   Int

_____ ____
 Name of Person Picking Up Exam   Int

Exam Start Time _____   Exam End Time _____   Date Exam Taken _____

Amount of time allowed: _____

Instructor Signature _____ (MUST sign to validate form)

White Copy – Testing Center
Yellow - Attached to Exam When Finished
Pink – Student's Copy   Testing Center – ZSC 201
                                                  956-326-2888/326-2131