Faculty must complete this form and return 1 business day prior to exam to the Testing Center mailbox in Room 137 or via email at UCEastDS@uc.edu.

<table>
<thead>
<tr>
<th>Student Name: ___________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Title and Number: _____________________________</td>
</tr>
</tbody>
</table>
| Instructor Name: _______________________________________
| **CLASS** Time Allotted for Quiz/Test/Exam: ________ (hours/minutes) |
| Student must complete quiz/test/exam by: 
  Date _______________  Time _______________
| Student May Use (Please Circle):
  Textbook  Notes  Dictionary
  Calculator  Formulas  Other ________________ |
| Special Instructions: 
  ________________________________________________ |
  ________________________________________________ |
  ________________________________________________ |

Note: Only an item that is circled will be allowed into the Testing Center. If an item is left un-circled, it will be assumed that it is **NOT** allowed.

Method of Test Return: (*If no method selected, test returned to faculty mailbox)

  ___ Return to faculty mailbox
  ___ Student delivers in sealed envelope to my:  □ Mailbox  □ Class
  ___ Instructor Picks Up
  ___ Other: __________________________

FOR TESTING CENTER STAFF ONLY

Time Student Started Exam: _______________  Projected Finish Time: _______________

Time Student Finished Exam: _______________  Exam Returned By: _______________