Lethbridge College

Testing Services – Exam Drop-Off Form

AN1602   403.320.3368   testing.services@lethbridgecollege.ca

Instructor: _____

Phone: _____

Today's Date: _____ # of Exams: _____

Course: _____

- Exam: _____

Last Date to Write Exam: _____

TIME LIMIT: _____ hr(s) _____ min(s)

THE STUDENT IS RESPONSIBLE FOR STAYING WITHIN THE TIME LIMIT

Allowed Materials

☐ Textbook ☐ Course Notes ☐ Reference Sheet ☐ Other

Specify: _____

☐ Calculator [Restrictions? ☐ Basic ☐ Scientific ☐ Graphing]

Clear Memory? ☐ Yes ☐ No

Exam Password/Access Code: _____

Additional Instructions: _____
_____

STUDENT NAMES: _____

_____

_____

_____

_____

_____

FOR TESTING SERVICES USE ONLY

Picked up by: _____

No. of exams picked up: _____

Date: _____