

DCC Learning Assistance Center Testing Service

Student: _____ Date: _____
Course: _____ Instructor: _____
Open Book/Notes: YES NO Time Allowed: _____ Calculator: YES NO NA
Additional Instructions: _____
Return by: _____ INSTRUCTOR PICKUP _____ CAMPUS MAIL Proctor Initials/Date: _____

DCC Learning Assistance Center Testing Service

Student: _____ Date: _____
Course: _____ Instructor: _____
Open Book/Notes: YES NO Time Allowed: _____ Calculator: YES NO NA
Additional Instructions: _____
Return by: _____ INSTRUCTOR PICKUP _____ CAMPUS MAIL Proctor Initials/Date: _____

DCC Learning Assistance Center Testing Service

Student: _____ Date: _____
Course: _____ Instructor: _____
Open Book/Notes: YES NO Time Allowed: _____ Calculator: YES NO NA
Additional Instructions: _____
Return by: _____ INSTRUCTOR PICKUP _____ CAMPUS MAIL Proctor Initials/Date: _____

DCC Learning Assistance Center Testing Service

Student: _____ Date: _____
Course: _____ Instructor: _____
Open Book/Notes: YES NO Time Allowed: _____ Calculator: YES NO NA
Additional Instructions: _____
Return by: _____ INSTRUCTOR PICKUP _____ CAMPUS MAIL Proctor Initials/Date: _____