**U of L FACULTY EXAM FORM AND INSTRUCTIONS**

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| --- | --- |
| **1.** | Print and complete the form below. |
| **2.** | Return the form and forward exam materials to our service email account [testsrvs@louisville.edu](mailto:testsrvs@louisville.edu) or in person to Davidson 310. All testing materials are considered confidential and will be kept in a secured location until testing |
| **3.** | Refer students to our website [www.louisville.edu/testing](http://www.louisville.edu/testing) for scheduling and fee information. We do not accommodate walk-in tests. |

**Testing Services**

**310 Davidson Hall**

**852-6606**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject/Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exam Date: Between \_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_ Time Limit: \_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Web link for computerized tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Password \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place a check mark if any of the following are allowed during the exam:**

**Calculator \_\_\_\_\_\_**

**Notes \_\_\_\_\_\_\_\_\_**

**Text \_\_\_\_\_\_\_\_\_\_**

**Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you like the exam returned?**

Scan/Email \_\_

Campus Mail \_\_ Building/Room Number \_\_\_\_\_\_

Pick up in person (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for using our services!**