URSA TEST ARRANGEMENT FORM
(This form must be filed in Mullen 312 three days before scheduled test)

Student Name_________________________________________  Day/Date of test________________________

Instructor_____________________________________________  Course________________________________

Time of Test:  Start_________________________  Finish_________________________

Student needs time and a half

Test Drop Off Options:  (check one)

________  Student will deliver test to URSA (MU312) in sealed envelope

________  Instructor will deliver test to URSA (MU312)

Test Return Options (check one)

________  Instructor will pick up test at URSA (MU312)

________  Proctor will put test in instructor’s mailbox

________  Other

Test Instructions for Student (i.e. calculator, dictionary)

_____________________________________________________

INSTRUCTOR’S SIGNATURE ___________________________________

Please return to Jill Carroll (jcarroll@ursuline.edu) or MU312