URSA (Ursuline Resources for Success in Academics)
TEST ARRANGEMENT FORM

(This form must be filed in Mullen 312 three days before scheduled test)

TO BE COMPLETED BY STUDENT:	**TO BE COMPLETED BY INSTRUCTOR:**
Student Name:	**Please include both START & FINISH times for this student so that we can make testing arrangements.**
Course:	**START Time of Test:**
Instructor:	**FINISH Time of Test:**
Circle One: Mon Tues Wed Thurs Fri **Date of Test: _____**	**Test Drop off Options:** **_____Student will deliver test to URSA (MU312) in sealed envelope** **_____Instructor will deliver test to URSA** **Circle one: Hand deliver email to Jill Carroll**
	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: ***Please make sure all information is correct when you sign the form.***	**INSTRUCTOR'S SIGNATURE:**