



Test Taker Name

Appointment Time

Appointment Date

Test Name

[Empty box for Test Taker Name]

[Empty box for Appointment Time]

[Empty box for Appointment Date]

[Empty box for Test Name]

Test Administration Details

Computer No Tech Needed Private Room Needed

Instructor/Contact:

Phone:

Email:

Exam Length:

Exam Open: at

Exam Close: at

Exam Instructions Detail

Verify ID at check in!

ONLINE Exam Instructions

URL:

Required Browser:

[Empty box for URL]

[Empty box for Required Browser]

Password Required (Enter on page 2)

Lockdown Required

Materials Allowed

Table listing materials allowed: NONE ALLOWED, Scantron, CALCULATOR, Pen/Highlighter, Bluebook, Basic, Scratch Paper, MS Excel, Scientific, Open Book, Ruler, Graphing, Formula Sheet, USB Drive, No Restrictions, Cheat Sheet, Other (add below), Other (add below)

Test Returned Via:

Email Pick Up Mail N/A(Computer Based)

Date & Time: _____

Name: _____

Sign: _____

Test Tracking

(Office Use Only)

Rec'd by TC: Date: _____ Time: _____

Delivered via: _____ By: _____

Packet Prepared by: _____ Date: _____

Actual Exam Time:

Location: _____

Start: _____ End: _____

Check In: _____ Check Out: _____

Additional Items to Return

Scratch Paper

Cheat Sheet

Other (specify below)

Further Instructions:

[Empty box for Further Instructions]

Approved Student Accommodation(s)

List below:

[Empty box for Approved Student Accommodation(s)]

Instructor/Employer Signature (Required)





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Testing Services

Online Exam Password

Password:

Lockdown Browser Required

Exam URL:

Please destroy this document upon the completion of the exam.



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