

RICHLAND TEST CENTER WORK ORDER

Instructor: _____
Last, *First*

Phone: _____

Course Name/Number: _____

Test Title/Number: _____

Section Number:* _____

Class Time: _____

Please check off **only** the following **specific** items/materials allowed during the test:

- | | |
|---------------------|---|
| _____ Mini Bluebook | _____ Calculator: Any 'or' _____ |
| _____ Bluebook | _____ Textbook _____ |
| _____ Scantron | _____ Notes (picked up except when open book/notes) |
| _____ Paper | _____ Notecard(s) # and size _____ |

SPECIAL INSTRUCTIONS:

- | | |
|------------------------|--------------------------------|
| _____ Write on test | _____ Write on part _____ only |
| _____ Time limit _____ | _____ Other _____ |

Start date: _____ End date: _____ Instructor Signature: _____

_____ One extension allowed on form

Note: No outside work accepted except with Telecourse/Distance Learning Exams

Tests are: _____ Open to any student in the above section. (Limited to 12 students)
 _____ Limited only to the 1-12 students listed below.

<u>STAFF</u>	<u>STUDENT'S NAME</u>	<u>Filed /</u>	<u>I.D. #</u>	<u>Instructor</u>
<u>Intials/</u>	<u>Last, First</u>	<u>Initials</u>		<u>Initial-out/</u>
<u>Date</u>				<u>Date</u>

	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			

Test Center Staff Use Only

#of Tests In: _____ Date: _____ Staff Initials: _____ : # of Unused Tests Returned: _____ Date: _____ Staff Initials: _____
 Comments: _____