St. Catherine University-MPLS **Testing Center**
E-371 **x7745**

Test Form - Alternative

- Please attach enough copies of the test and scantrons (if applicable) for all students using the Testing Center.
- Please deliver this completed form and tests to Testing Coordinator or to locked testing box in the Mailroom 1-3 working days prior to the test.

Instructor's name: _____
How/where to contact you during the test (if student has questions): _____

Please list students' names below. Circle any additional resources permitted during test (e.g., calculator, open book or notes, dictionary, spellchecker, computer, etc.)

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Completed test delivery method: ___To instructor ___To department secretary
___Picked up by instructor ___Other: