

Course number and title: _____

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

TEST INFORMATION FORM: PLEASE fill out at the beginning of each semester.
Return to Testing Center or put in Testing Box (in mailroom) ASAP.

Instructor's name: _____

Office: _____

Tel.: _____

Classroom: _____

<u>Test/Quiz Date</u>	<u>Class start Time</u>	<u>Time you will allow for test*</u>	<u>Lecture after test? Y/N</u>	<u>Time lecture begins, if Y?</u>	<u>List of authorized students from Testing Center (to date):</u>
_____	_____	_____	_____	_____	1. _____
_____	_____	_____	_____	_____	2. _____
_____	_____	_____	_____	_____	3. _____
_____	_____	_____	_____	_____	4. _____
_____	_____	_____	_____	_____	5. _____
_____	_____	_____	_____	_____	6. _____
_____	_____	_____	_____	_____	7. _____
_____	_____	_____	_____	_____	8. _____
_____	_____	_____	_____	_____	9. _____
_____	_____	_____	_____	_____	10. _____

*I will figure out the testing times for students using the Testing Center.