

NIC Testing Center and Distance Education

Tracking Form

*Instructors: Please complete and attach to **each** test.*

Student Name: _____ Deadline for Test: _____

Instructor Name: _____ Ext.: _____

Course & Number: _____ Exam or Chapter #: _____

Time Restriction? No *or* Yes, Time Limit is: _____

Students may use the following during test:

Method of Return: Instructor Pick-up Campus Mail to: _____

Mail to: _____ Fax to: _____

Testing Center Use Only

Please require picture ID from each tester

Date Tested: _____ Proctor: _____

Start Time: _____ am pm End Time: _____ am pm

Comments: _____
