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: ________________________________

Rev. 2-1-10