NIC Testing Center
Tracking Form

Instructors: Please complete and attach to each test.

Student Name: ________________________________ Deadline for Test: ______________
Instructor Name: ________________________________ Ext.: ______________
Course Name & Number: _______________________ Chapter or Test #: ______________
Time Restriction? □ No or □ Yes, Time Limit is: ______________
Students may use the following during test: ______________________________

Method of Return: □ Instructor Pick-up □ Campus Mail to ______________________________

Testing Center Use Only

Date Tested: ________________ Proctor: ________________
Start Time: ________ am pm End Time: ________ am pm
Comments: ______________________________

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