

Request for Web Exam Testing in IMC

Please complete this form and return it to: Mazo Freeman (343-3950), 240B Frist Hall.

Course #: _____ Semester _____ Year: _____

Instructor #1 Name: _____ Phone #: _____

Instructor #2 Name: _____ Phone #: _____

Approx. # of Students: _____

of Exams: _____

Length of Exam: _____ (minutes)

Approx. # of questions: _____

Saturdays: _____ (if yes, please **confirm with IMC** that this will be okay)

Sundays: _____ (if yes, please **confirm with IMC** that this will be okay)

Time your class meets: _____
(if it meets on a regular basis)

Are students allowed to use calculators? _____

Students with learning disabilities who will need extra time for testing or will need to take exam at ODC:

Names of students auditing your class who will need to take the test: _____

Exam No.	START		END		Date to Send out Sign-up Email	Sat./Sun. (yes/no)
	Date	Time	Date	Time		
1						
2						
3						
4						
5						