MAIN CAMPUS TESTING CENTER

Memoria Field House – Rm 1080, MS128
Phone: 419.530.2011
Email: TestCenter.MC@utoledo.edu

Computer-based Test (CBT) Student List

Submit this form along with a completed CBT Request Form if you have additional students to take a make-up CBT exam.

Instructor Name:

Course Alphanumeric:

Full Title of *Exam:*

Time Limit: Regular classroom time limit allowed

OTHER DIRECTIONS/ SPECIFICATIONS:

By signing this form, I, the student named in the row signed, confirm that I have read and will abide by the Testing *Center's Testing Integrity and Confidentiality Agreement*. I understand that any misconduct may cause dismissal or other consequences.

List student name(s) and extended time limits, if any (if left blank, regular time will be given).

Student Name (typed)	Time Limit	Signature	Date	Time In	Time Out	Comments