

**NAU TESTING CENTER – duBois Center, Room 140**

**Academic Testing Proctoring Instructions for Individual Exams**

Faculty Name: \_\_\_\_\_ Course: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Time Allowed: \_\_\_\_\_

Please check one of the following boxes for each option (If left blank, No will be assumed):

<b>Yes</b>	<b>No</b>	<b>Condition</b>	<b>Special Instructions</b>
		Open Book	
		Open Notes	
		Calculator (Specify Type)	
		Scantron	
		Blue/Green Book	
		Other	

How would you like the completed tests returned (choose one)?

In-person pick up

OR

Intercampus mail