

EXAM DROP-OFF CHECKLIST

Subject & Course Code: _____

Professor: _____

Exam Date: _____

Exam / Class Start time: _____

Duration of Exam: _____ ☐ Minutes ☐ Hours

Exam Location: _____

Contact # during exam: (cell, room ext.) _____

Number of exams delivered to the CAT: _____

Electronic exam copy emailed: ☐ YES

May we make copies as necessary: ☐ YES ☐ NO

Is the test / exam open book? ☐ YES ☐ NO (Closed Book)

If YES the following materials are allowed:

Course textbook: ☐ YES _____ ☐ NO

Course notes: ☐ YES _____ ☐ NO

Internet access: ☐ YES _____ ☐ NO

The following aids are allowed:

Calculator: ☐ YES _____ ☐ NO

Formula/Cue sheet: ☐ YES _____ ☐ NO

Other: (model kit, dictionary, etc.) _____

I authorize _____ to pick up
written exams on my behalf.

Signature: _____