

EXAM REGISTRY FORM

DATE OF ACTUAL EXAM:

DATE OF STUDENT'S EXAM IN SASSI:

START TIME OF EXAM IN SASSI:

OF EXAMS IN SASSI:

IS THIS A MAKE-UP EXAM?

YES

NO

FORMAT OF EXAM:

- PAPER/PENCIL
- EXAMPLIFY
- BLACKBOARD --- Is LockDown Browser needed? YES NO
- OTHER (please specify) _____

EXAMPLIFY LOG-IN INFORMATION (if applicable):

COURSE / TEST NAME / PROFESSOR:

College/Department/Course:

Name of Test:

Professor:

Number:

CONTACT FOR ANY QUESTIONS DURING EXAM:

Name:

Preferred Contact Number(s):

Call

Text

LENGTH OF EXAM (for the class):

IS A CALCULATOR NEEDED?

YES

NO

IS SCRATCH PAPER ALLOWED?

YES

NO

PERSON LEAVING OR EMAILING EXAM TO SASSI:

Name:

Number:

CONTACT FOR EXAM PICK UP, (if applicable):

Name:

Number or Email:

STUDENTS TAKING EXAM IN SASSI:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

SPECIAL INSTRUCTIONS:

(i.e. Notes/Book allowed; Student should turn in something before or after an exam; etc.)

SASSI OFFICE USE ONLY:

DATE/TIME CALLED FOR PICK-UP:

SASSI Staff Initials:

Tests for Pick-Up: _____ # Tests left in SASSI: _____

NOTES:

EXAM(S) PICKED-UP BY:

DATE: