

Blinn Exam Administration Form**Campus:** _____

Instructor:	Course/Section(s):	Today's Date:	Start Date:
Work/Cell Phone #:	Exam # / Title:	# of Copies Submitted:	Deadline:
PLEASE LIST THE NAME OF EACH STUDENT OR ATTACH ROSTER			
Student Name	Fac. Initial	Student Name	Faculty Initial
Special Instructions (please be clear):		Materials Allowed:	
Time Limit:		<input type="checkbox"/> Scantron Type: _____ <input type="checkbox"/> Bluebook	
Office Use:		<input type="checkbox"/> Paper (provided by LC) <input type="checkbox"/> Word Bank	
Start Time:		<input type="checkbox"/> Calculator Type: _____	
End Time:		<input type="checkbox"/> Other: _____ <input type="checkbox"/> Spellchecker	
Employee Name:		<input type="checkbox"/> Open Book <input type="checkbox"/> Notes <input type="checkbox"/> Formula Sheets	
Key #: _____		How you want the exam returned?	
Returned Y or N		<input type="checkbox"/> Email exam to Instructor email	
		<input type="checkbox"/> Fax exam to Instructor	

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