Testing Instructions Form

Ohio University – Chillicothe Testing Center

Course Name/Instructor: _____

Dates to be taken: _____

Time Allowed: _____

Materials Allowed While Testing: _____

_____

_____

Materials to Provide Students: _____

Special Instructions/Password: _____

_____

_____

Student Name	Date the Exam is Proctored	Exam Receipt Confirmation Initial	Date