

GTCC Assessment Center Testing Instruction Form

Instructor's Name: _____

Date Submitted: _____ Phone Number: _____

Student's name (if applicable): _____

Course Name: _____ Course Code: _____

Test Number: _____ Chapters Covered: _____

Last Date test may be taken: _____ (mm/dd/yy)

Should student write on test?	YES	NO
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Is test timed?	YES	NO
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If timed, time allowed: _____

Is test open book?	YES	NO
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Are notes allowed?	YES	NO
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Are calculators allowed?	YES	NO	N/A
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Other testing accommodations:

Please call us if you have any questions – from the Greensboro area (336)334-4822 ext. 2299 or 2328 OR from the High Point area (336)454-1126 ext. 2299 or 2328.

Thank you!