FOR OFFICE USE ONLY
Recv'd By: _____ **Date:** _____
Reviewer: _____ **Date:** _____

BYUH TESTING INSTRUCTIONS

TEACHER: _____ **PHONE #:** _____

COURSE: _____ **SECTION:** _____

TEST DATES: START _____ **END** _____ **TEST NAME:** _____

FILL IN ALL THAT APPLIES:

[ ] CALCULATOR [ ] NOTES NUMBER OF STUDENTS _____
[ ] SCRATCH PAPER [ ] BOOKS TIME LIMIT _____
[ ] OTHER COMPUTER PROGRAM _____

OTHER INSTRUCTIONS: _____

_____

FOR OFFICE USE ONLY

NUMBER OF TESTS TAKEN: _____ **NUMBER OF INTEGRITY ISSUES:** _____

FLAGGED TESTS: **GREEN** _____ **YELLOW** _____ **RED** _____