# STARK STATE COLLEGE
## INDIVIDUAL STUDENT TEST FORM

**Instructor:** For each student test, please complete this form and attach it to the test. Both test window dates must be filled in with **7 open Testing Center days being the recommended time allowed.** Please allow enough time for interoffice mail to deliver the test or hand carry it to the Testing Center. Please inform your students that a **photo-ID is required**, and that if they arrive at the posted closing time, they will only have one hour to complete their test. Make sure the student name on this form matches the student’s ID.

**Faculty Name:** _______________________________ **Student Name** (first & last): ______________________________

**Test Window Dates:** ______________ through ______________

- [ ] ANGEL Secure Browser
- [ ] ANGEL/Computer Test - Password ______

**Phone Number/Extension:** ______________________ **Office Number:** ______________________

**Course Title:** ________________________________ **Test Name:** ________________________________

Please indicate any **special/additional materials** the student may use, otherwise the student will only be permitted to use a pen or pencil and scrap paper at the testing station. **Be very specific regarding notes and formula sheets.**

**Please Check If Applicable:** [ ] Make-Up [ ] Final [ ] DSS

<table>
<thead>
<tr>
<th>Calculator:</th>
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<th>Textbook</th>
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**SPECIAL INSTRUCTIONS:**

- [ ] Instructors must provide needed Scantrons which should be inserted in the test.
- [ ] Any item the student is to turn in with the test must be included in your directions.
- [ ] Instructors must pick up the completed tests from the boxes in M202.

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