

EXAM DROP-OFF CHECKLIST

Subject & Course Code: _____

Professor: _____

Exam Date: _____

Exam / Class Start Time: _____

Duration of Exam: _____ Minutes Hours

Location of Exam: _____

Contact # during exam: (Cell, room ext.): _____

Number of exams delivered: _____

Scantron / Exam booklets included: YES (if applicable, must be provided)

Electronic copy sent to [Durham Exams](#) YES (Microsoft Word Format)

May we make copies as necessary: YES NO

Is the test / exam open book? YES NO (Closed Book)

If YES, what following materials are allowed?

Course textbook: YES _____ NO

Course notes: YES _____ NO

Internet Access: YES _____ NO

What following aids are allowed?

Calculator: YES _____ NO

Formula/Cue Sheet: YES _____ NO

Other: (model, kit, dictionary, etc.) _____

Return Method:

Instructor Mailbox (Durham Campus)

Send to Peterborough

Faculty / TA will pick up from Test Room

(Name of person to pick up exam if different from above)