This form is for students to deliver the day of testing as documentation this test/exam was discussed with the instructor. Students will be required to turn one in for every scheduled test. This form may be emailed or hand delivered to the office.

Student Name: ____________________________  Course Number/Section: ____________________________
Day/Time of course: ________________________  Date/time of exam: ____________________________
Instructor/Professor Name: ___________________  Instructor’s Phone #: _________________________

ATTENTION INSTRUCTORS:
When emailing a copy of the exam to oas@morris.umn.edu, please indicate whether or not students are allowed any extras, such as calculators, notes, textbooks, graphs, etc.

Electronic signature(s) is/are acceptable-from both parties  (NOTE: This reflects this exam scheduled was discussed. If either party is opposed to signatures please indicate another method of approval to take the exam.)

Student signature __________________________________  Date: ____________________________
Instructor signature __________________________________  Date: ____________________________