Exam Information-Completed by Institution		
Course Name and Number:		
Exam Type:	☐ Computer/Internet Based ☐ Password Protected	
	☐ Paper/Pencil Based	
Date Exam or Password will		
be sent:		
Deadline:		
Total Number of Pages:		
Time Limit:		
Permitted Items:		
Exam Delivery Method:		
Exam Return Method:		
	•	

Student Information	
First Name:	
Last Name:	
Email:	
Daytime	
Phone:	

Instructor Information	
First Name:	
Last Name:	
Email:	
Daytime Phone:	
Phone:	

Please send all test information including this form to our Testing Center:

Lamar University Testing Center PO Box 10012 Beaumont, TX 77710 careercenter@lamar.edu

Ph: 409-880-8878 Fax: 409-880-8881