

*** 24 HOUR TURN AROUND ***

TEST / QUIZ REQUEST FORM

Please fill out the form entirely.

Please do not staple originals.

TODAY'S DATE & TIME: _____

DUE BY DATE & TIME: _____

NAME: _____

DEPARTMENT NAME: _____

COURSE: _____

QUARTER/YEAR: _____

WEEK: _____

COPIES REQUESTED: _____

PAGES PER PACKET: _____

ARE ORIGINALS SINGLE SIDED OR DOUBLE SIDED? **Single** **Double**

ALL TESTS WILL BE MADE 2-SIDED AND MACHINE STAPLED UNLESS OTHERWISE REQUESTED.

SPECIAL INSTRUCTIONS:

ALL TESTS AND QUIZZES WILL BE STORED BY THE COPY CENTER COORDINATOR AND MUST BE PICKED UP BY THE REQUESTING INSTRUCTOR

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