TEST ROUTING SLIP

INSTRUCTOR’S NAME: ________________________________________

NAME OF TEST: ____________________________ DATE: __________

STUDENT’S NAME: ________________________

TO BE FILLED OUT BY
THE TEST ADMINISTRATOR:

BEGINNING TIME: ______
ENDING TIME: ______
DEADLINE TIME: ______
(if applicable)

ID VERIFICATION BY:
__________________________
(signature)

TO BE FILLED OUT BY
INSTRUCTOR:

Time Limit: _________________

No Time Limit: ______

Notes Allowed: YES__NO____

Books Allowed: YES__NO____

Calculator Allowed: YES__NO____

E-book Allowed: YES__NO____

Other: _______________________

_________________________

INSTRUCTORS:

Please pick up tests from the Testing Center as soon as possible. It is the responsibility of the instructor to remove tests by the deadline date.

SPECIAL INSTRUCTIONS: ________________________________________

________________________________________________________________

TESTING POLICIES

CHEATING: Cheating on tests is a form of Academic Dishonesty covered by the Student Code for the South Carolina Technical College System and will not be tolerated by this college. Any student observed cheating will be reported to the instructor and possibly to the Dean of Student Services for further investigation. A student found guilty of cheating is subject to sanctions outlined in the Student Code, which can lead to probation or suspension from the college. See the current Student Handbook for additional details.

CELL PHONES/ELECTRONIC DEVICES: Cell phones or other electronic devices may not be used in the Testing Center. Though calculators may be used with an instructor’s permission, calculators in cell phones (or in other electronic devices) may not be used.

LEAVING DURING TEST: Once students begin a test, they will not be permitted to leave the testing room until the test is completed. If they do leave prior to test completion, the test will be collected and returned to the instructor.

Piedmont Technical College (Updated July 2019)

I have read and fully understand the above stated policies.

Student’s Signature: ______________________

Date: ______________________