

Hand Delivered Exam Form

**Course Name, Number, & Section (ex. CHM 111 - Sec 001):**

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

PTS Exam Administration Date(s): \_\_\_\_\_

Number of individual sheets of paper per exam: \_\_\_\_\_

Number of exams delivered: \_\_\_\_\_

Are all students in this course/section taking the same version of the exam?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Can PTS make a digital copy of the exam for our records in case additional copies are needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student Names

(Please write or attach a roster of student names taking exam with PTS)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Instructor Names

(Please provide the instructor names that this exam is for)

_____	_____
_____	_____