UNIVERSITY of HOUSTON

OFFICE OF THE PROVOST

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FACULTY/COURSE EXAMINATION

Today's Date:		
Referring Instructor:	Phone Number:	
Name of Contact:	Phone Number:	
Name of Course:	Course Number:	
Name of Examinee:	Phone Number:	
Test Date:	Test Time:	
Length of Test:		
Instructions:		
Instructions For Return Of Test		
Professor to pick up test		
Scan and Email to Professor Other		
Signature	Date	
FOR OFFICE USE ONLY		
Date Student Tested:	Receipt No:	
Date Test Mailed:	Name of Proctor:	
Picked up by:Signature	Name (please print)	Date
Signature	rame (picase print)	Date
Mailed by:Signature	Name (please print)	Date