

READ THESE INSTRUCTIONS BEFORE STARTING YOUR TEST!

Instructor: _____	Class: _____
Phone #: _____	
Student Name: _____	Test #: _____
Date Test Should Be Taken By: _____	ID Required <input type="checkbox"/>

TIME LIMIT: _____

When the exam is complete, please: Deliver to my mail box Leave in my folder

You may use **ONLY** the material that is checked below:

- CALCULATOR NOTES BOOKS
 DICTIONARY SCRATCH PAPER OTHER: _____

Show All Work _____ Reduce Fractions _____

FURTHER INSTRUCTIONS: _____

