



Great Falls College MSU EXAM INSTRUCTIONS FORM

INDIVIDUAL TESTING

Student's Name: _____ Date of Exam: _____

Instructor's Name: _____ Time Limit : _____

Course Name and #: _____

Items to be used (ie ., pencil, calculator): _____

Additional Information

BLOCK TESTING

Instructor's Name: _____ Date of Exam: _____

Course Name and #: _____

Time Limit : _____ Items to be used (ie ., pencil, calculator): _____

Additional Information