



Departmental Notification of Test Sharing

FROM: _____
Author of Tests (Please Print)

Today's Date

RE: Course Abbrev/Course # _____ Please submit **separate form** for each **course**.

Valid only for current semester: Fall Spring Summer Year _____

NEW FORM MUST BE SUBMITTED EACH SEMESTER.

As author of these tests, I am submitting a Transmittal Form in my name indicating deadlines and supplemental materials to be applicable to all other faculty members using these tests.

Signature of test author _____

Information regarding faculty members authorized to use my tests this semester

Name	Synonym #s and Section #s for this Instructor	Home Campus	Phone
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