



\*By beginning this assessment (test, proctored assignment, etc.) within **two** hours of closing with a time limit that indicates that my testing time may exceed that allotted time remaining before the Testing Center closes, I understand and agree that I will be required to leave the testing area even if I am unable to complete my test by the time of closing.

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Class \_\_\_\_\_

Signature \_\_\_\_\_