

Student Name:

Date:

Mercer County Community College
Division of Health Professions
Nursing Program
Academic Testing Center Administration

NRS###
Exam ## – Version #
Date ###
Professor ###

Instructions:

Students are to clearly write their name and 7-digit Mercer student ID number and fill in the scantron with the same.

Use a #2 pencil only and completely darken the appropriate answers on the scantron sheet. Erase all stray marks.

Select either the one best answer, or multiple answers where indicated. Mark your answer clearly on the Scantron sheet. Only answers documented on the Scantron sheet will be accepted for grading.

For math questions, place final answer on the back of the scantron. Please number questions with corresponding answers.

If appropriate, mark the version of your exam on the scantron sheet.

All cell phones must be turned off and placed with personal items. Books and personal items are to be placed at the front of the room during exams.

If you have comments regarding any of the questions on this exam, please write them in the space below. ***No questions will be answered during the exam.***

By submitting this exam for grading, I acknowledge that my accommodations were met.
_____ (*student initials*)

I understand that I am being held accountable to the time limit for testing allotted by my instructor and my accommodations. The time limit cannot be exceeded. I acknowledge that I am responsible for keeping track of the allotted testing time. _____ (*student initials*)

Before beginning the exam, I acknowledge that I am physically and mentally able to take the exam today. _____ (*student initials*) _____ (*date*)