

# EXAMINER'S REPORT

## ACS DivCHED Examinations Institute

EXAM \_\_\_\_\_ Gray Form \_\_\_\_\_ Yellow Form \_\_\_\_\_ (if applicable)

INSTRUCTOR'S NAME: \_\_\_\_\_

COLLEGE OR UNIVERSITY: \_\_\_\_\_

ADDRESS OF INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME OF COURSE: \_\_\_\_\_ COURSE NO. \_\_\_\_\_ DATE: \_\_\_\_\_

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CATALOG PREREQUISITES FOR THIS COURSE: (list courses and semester hours)

Chemistry:

Physics:

Math:

LENGTH OF THIS COURSE:

No. of Semesters \_\_\_\_\_ Semester Hours \_\_\_\_\_ **OR** No. of Quarters \_\_\_\_\_ Quarter Hours \_\_\_\_\_

Lecture Hours Per Week \_\_\_\_\_ Laboratory Hours Per Week \_\_\_\_\_

NUMBER OF STUDENTS IN COURSE TO WHOM ADMINISTERED: (estimate)

Male \_\_\_\_\_ Female \_\_\_\_\_ **TOTAL** \_\_\_\_\_

Freshmen \_\_\_\_\_ Sophomores \_\_\_\_\_ Juniors \_\_\_\_\_ Seniors \_\_\_\_\_ Graduates \_\_\_\_\_ **TOTAL** \_\_\_\_\_

PROFESSIONAL GOALS: (estimate number of students)

Chemist or Chemical Engineer \_\_\_\_\_

Nursing, Home Ec. or Agriculture \_\_\_\_\_

Science Major other than Chemistry \_\_\_\_\_

(or related fields)

Engineer other than Chemical Engr. \_\_\_\_\_

Non-Science profession \_\_\_\_\_

Medical Sciences \_\_\_\_\_

Undecided or Unspecified \_\_\_\_\_

Please report any deviation from the directions in administering and scoring, i.e., time, etc.

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