

Testing Services – Student Test Cover Sheet

Instructors:

Only provide student names on the Cover Sheet if it is a make up exam. Thank you!

Student Name _____

Date to Begin Testing on _____ Date to End Testing on _____

Instructor Name _____

Department Number – Course Number _____ Section Number(s) _____

Course Name _____

Testing aids allowed:

_____ None _____ Calculator _____ Notes _____ Text

Other _____

Student is to write responses on:

_____ Exam _____ Scan Form (provided by your dept.)

_____ Testing Services Blue Book _____ Other

(Instructors, all exams need to have a set time limit!) Student time limit _____

Students are responsible for monitoring their own time. Testing Services records time in and out, but does NOT stop you when your time is up!

Special instructions