Faculty Exam Cover Sheet
Dale Mabry Test Center
DSTU 203 M-Th 8:00am – 9:00pm Fri 8:00am – 12:00 noon
(This form must be completed and turned in with all exams. There should be no assumptions for instructions.)

Student’s Name (one form per student) _______________________________________________________________________

Instructor’s Name: _______________________________________________________________________________________

Course Name (prefix/number): ___________________________ Section #_____________ Exam #_______

Last date student(s) may test: ____________________________

Test Length (default is 2 hours): ___________________________
(This is the length of time you allow students in class. If accommodations needed, the Test Center will adjust time to reflect accommodations allowed)

Special Instructions (Please circle all that apply):

- Allow Calculator Yes No If yes, type of calculator allowed: ____________________
- Scantron Yes No
- Scrap Paper Yes No (☐ to be turned in with exam)
- Open Book Yes No
- Open Notes/Cards Yes No
- Formula Sheet Yes No
- Other (please specify)_________________________________________________________________________________

Does this student have Special Accommodations approved by the Office of Students with Disabilities? (Special accommodations will be based on authorization letters submitted to the Test Center by the Office of Students with Disabilities.) Yes No

Please share with your student:
1. Picture ID required for testing.
2. Test must be completed in one session (student may not stop and come back to finish the test at another time)
3. There will be no restroom breaks while testing
4. Testing must be complete 30 minutes prior to closing time.

8/16/2012 10:35 AM