

Learning Commons – Academic Support

TEST COVER SHEET

To be completed by **Instructor**
- One for each student -

***ATTACH TO TEST ***

Please complete the following:

NAME OF STUDENT: _____

COURSE: _____ INSTRUCTOR: _____

Must select and complete one of the following options:

___ TEST TO BE ADMINSTERED: Date _____ Start Time _____ End Time* _____

___ TEST TO BE COMPLETED BY: Date _____ Student has _____ hrs/min to complete*

**Specific time allotted for tests MUST be included and should reflect student’s accommodations (if applicable). Please be aware that the Learning Commons - Academic Support closes at 4:30 pm.*

PLEASE NOTE: Students are advised of their allotted exam time by LC-AS staff. It is the responsibility of the student, however, to return their exams at the appropriate completion time.

Additional information:

Calculator allowed: Y / N _____ (Description if necessary)

Special instructions (examples: open book, notes, index card, etc.):

Computer Read Test accommodation: Y / N

If Yes, test should be provided to OAR Staff at least 24 hours in advance.

If possible, email to: jeanne.shaw@cayuga-cc.edu and hcrofoot@cayuga-cc.edu

Instructor or Staff

Date

THE FOLLOWING TO BE COMPLETED BY CAS STAFF:

Test given to student: Date _____ Time _____ Staff Initials _____

Test completed: Date _____ Time _____ Staff Initials _____