ASC TEST COVER SHEET
(TO BE COMPLETED BY INSTRUCTOR)

ATTACH TO TEST
(One Form Per Student)

PLEASE COMPLETE THE FOLLOWING:

NAME OF STUDENT: _____

COURSE: _____ **INSTRUCTOR:** _____

TEST TO BE ADMINISTERED ON: **Date** _____ **Time** _____

TEST TO BE COMPLETED BY: **Date** _____ **Time** _____

Testing accommodations will be provided as indicated on the student's Memorandum of Academic Accommodations from the Office of Disability Services.

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

Special instructions and additions: _____

_____

_____

_____ _____
Instructor or Staff Signature **Date**

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THE FOLLOWING TO BE COMPLETED BY ASC STAFF:

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

Test completed: **Date** _____ **Time** _____ **Staff Initials** _____

Flashdrive attached: _____

ODS/7-11