

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 \_\_\_\_\_

Check testing accommodations:  
(as indicated on Memorandum of Academic  
Accommodations from the Office of  
Disability Services)

- \_\_\_\_\_ Time Extension
- \_\_\_\_\_ Non-Distracting Location
- \_\_\_\_\_ Scribe
- \_\_\_\_\_ Reader/Taped Tests
- \_\_\_\_\_ Word Processor
- \_\_\_\_\_ Calculator
- \_\_\_\_\_ Spell Checker
- \_\_\_\_\_ Proofreader

Professor's special instructions and additions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

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THE FOLLOWING TO BE COMPLETED BY ASC STAFF

Test given to student    Date \_\_\_\_\_    Time \_\_\_\_\_    Staff Initial \_\_\_\_\_

Test completed        Date \_\_\_\_\_    Time \_\_\_\_\_    Staff Initial \_\_\_\_\_