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**: _____

Please select (**X**) and complete **one** of the following options:

__ **TEST TO BE ADMINSTERED _ON_**: Date _____ Start Time _____ *End Time _____

__ **TEST TO BE ADMINISTERED _BY_**: Date _____ Student has _____ *hrs/min to complete

*** *Specific time allotted for tests **MUST** be included and should reflect a student's accommodations (if applicable). Be aware that the Learning Commons - Academic Support closes at <u>4:30 pm</u>.*

<u>NOTE</u>: Students are advised of their allotted time for an exam 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.)**:**

_____

_____

Does this student have <u>Computer-Read Test</u> accommodation: ☐ Y ☐ N

If **Yes**, test should be provided to OAR Staff at least <u>24 hours in advance</u>.
If possible, email to: **access@cayuga-cc.edu**

_____   _____
      Instructor or Staff Signature   **Date**

****

THE FOLLOWING TO BE COMPLETED BY CAS STAFF:

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

Test completed: Date _____ Time _____ Staff Initials _____