Learning Commons

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 ADMINISTERED *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 closes at 4:30 pm.*

NOTE: Students are advised of their allotted time for an exam by LC 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 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: **access@cayuga-cc.edu**

_____ _____
Instructor or Staff Signature **Date**

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* **THE FOLLOWING TO BE COMPLETED BY LEARNING COMMONS STAFF**:

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

Test completed: Date _____ Time _____ Staff Initials _____