

Fulton Campus
CAS 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 _____

**Time allotted for tests (if applicable) should reflect student's accommodations.*

PLEASE NOTE: Students are advised of their allotted exam time by CAS staff members. It is the responsibility of the students, however, to return their exams at the appropriate completion time.

Calculator allowed: Yes No _____
(Description if necessary)

Computer Read Test accommodation: Y / N

If **Yes**, test should be provided to OAR Staff at least 24 hours in advance (by email if possible to: hcrofoot@cayuga-cc.edu and karen.grella@cayuga-cc.edu).

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

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 _____

Flashdrive attached: _____