Testing Administration Cover Sheet

ODS Student Name: ____________________________________________________________

Instructor Name and contact number: _________________________________ Course: __________

Date and time of scheduled exam: _____________________________________________

Normal time allowed for classroom test: ________________________________

Time allotted for this student: □ time + ½ □ up to double time ______ min.

Open book: □ yes □ no Scrap paper: □ yes □ no # sheets: __

Open Notes: □ yes □ no Calculator: □ yes □ no

Blue Exam Book: □ yes □ no Answer Form: (scantron) □ yes □ no

Other instructions or additional notes:

________________________________________________________________________

Delivery of Exams:

• Exams must be either delivered in person or by emailed prior to student’s appointment time.
  scobb@sheltonstate.edu: erwalker@sheltonstate.edu: m.minor@sheltonstate.edu

Return: Exam must be picked up by either the instructor or a designee.

*Exams must be scheduled 2 days prior to exams. All students with appointments will have first priority. Testing accommodations can be refused if scheduling conflicts exist or guidelines are not followed.

| Delivery to ODS date: _____________________ | time: _____________________ |
| Delivered by: ______________________________ | Received by: ______________________________ |
| ********************************************* |
| Returned to instructor: date: _____________________ | time: _____________________ |
| ODS Official: ______________________________ | Received by: ______________________________ |

Date Exam Given: _____________________ Time frame: _____________________

Signature of Exam Proctor: ____________________________________________