



NCTC TESTING CENTERS:
CORINTH: 940-498-6435 corinthtesting@nctc.edu (1500 North Corinth Street)
DENTON: 940-380-2509 dentontesting@nctc.edu (316 E. Hickory Street)
FLOWER MOUND: 972-899-8335 flowermoundtesting@nctc.edu (1200 Parker Square)
GAINESVILLE: 940-668-4216 gainesvilletesting@nctc.edu (1525 West California)
GRAHAM: 940-521-0720 grahamtesting@nctc.edu (928 Cherry Street)
BOWIE: 940-872-4002 ext. 5212 bowietesting@nctc.edu (810 South Mill Street)

FACULTY EXAM COVER SHEET

(This form must be completed and turned in with each exam, one per student. There should be no assumptions for instructions.)

INSTRUCTOR INFORMATION

Instructor's Name: _____ Instructor's Phone #: _____

Instructor's Email: _____

All exams will be emailed. Please check yes if you will also pick up the exam: Yes

Instructor's Signature at Pick Up: _____ Date: ____/____/____

STUDENT INFORMATION

Student's Name: _____ Student ID#: _____

OSD (Office for Students with Disabilities) ACCOMMODATIONS

Double Time Please Calculate TOTAL Time Limit w/Accommodation (In Hr and Min): _____

Other Testing Accommodations: _____

EXAM INFORMATION

Course Name: _____ Exam Name: _____
Ex: Math 1324.0500 Ex. "Exam I" or "Midterm"

Date: _____ Time Limit (In Hours and Minutes): _____

Date Exam should be taken on or by: On _____ By _____

MATERIALS ALLOWED or REQUIRED (Please check all that apply):

- Calculator: Yes Graphing or Scientific Scientific (Non-Graphing)
- Scantron: Yes
- Blue Book: Yes
- Scratch Paper: Yes Return with Exam Discard
- Textbook: Yes
- Restroom Breaks: Yes No
- Notes: Yes (specify type): _____
- Notecards: Yes (specify size): _____

Password (Online Exams): _____

Instructions: _____