



**TESTING STAFF ONLY**

**EXAM MUST BE FINISHED BY: \_\_\_\_\_:**

Exam Administered: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_ Seat #:\_\_\_\_\_

Campus: BOWIE COR FLO MO DNX GNSVL GRAHAM

**FACULTY EXAM COVER SHEET**

Revised 9/28/2022

(There should be no assumptions for instructions.)

**INSTRUCTOR INFORMATION**

Instructor's Name: \_\_\_\_\_ Instructor's Email: \_\_\_\_\_

Instructor's Contact Number(s) (Cell preferred for immediate testing help): \_\_\_\_\_

**All exams will be emailed. Check yes if you will also be collecting the exam in person: Yes**

In Person Only – Instructor's Signature Required: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STUDENT & COURSE INFORMATION**

Student's Name: \_\_\_\_\_

Course Name: \_\_\_\_\_ Ex: Math 1324.0500 Exam Name: \_\_\_\_\_ Ex. "Exam 1" or "Midterm"

**EXAM & OSD (Office for Students with Disabilities, if applicable) INFORMATION**

**Earliest** date to give exam: \_\_\_\_\_ **Last** date to give exam: \_\_\_\_\_ **OR Take** exam On: \_\_\_\_\_

Student is **NOT TESTING** with Extended Time Time Limit (In Hrs. and Mins.): \_\_\_\_\_

OSD: Student **IS** testing with Ext. Time Calculate **TOTAL W/ACCOM.** (In Hrs. and Mins.): \_\_\_\_\_

OSD: Other Testing Accommodations: \_\_\_\_\_

**EXAM DAY MATERIALS ALLOWED or REQUIRED - Please check ALL that apply**

**Password (Online Exams):** \_\_\_\_\_

**Calculator/Type:** IF YES Student may use Graphing **AND/OR** Scientific **OR** Scientific **ONLY** (Non-Graphing)  
IF NO Student **MAY NOT** use a calculator

**Scantron:** Yes

**Scratch Paper:** Yes

**Notes:** Yes  (Specify type): \_\_\_\_\_

**Notecards:** Yes (Specify size and #): \_\_\_\_\_

**Other:** Yes (Specify Blue Book, Textbook, etc.): \_\_\_\_\_

**Restroom Breaks:** Yes No

**Additional Instructions:** \_\_\_\_\_