

TEST COVER PAGE

SC State University Assessment Center

Location: Belcher Hall, 3rd Floor

E-mail: TestingCenter@scsu.edu

Phone: 803-533-3996 (*assessment center*) or 803-536-8290 (*office*)

Fill in the information below, e-mail (scan) the completed cover sheet to TestingCenter@scsu.edu.

Instructor Name: _____ Contact No: _____
(must be able to be reached during scheduled testing session)

Email: _____ # of students: _____

Write both your name and the student's name on EACH test (Paper Only).

TEST INFORMATION

Course Title/ID: _____ Test Name: _____

Test Opening Date/Time: _____ Test Closing Date/Time: _____

Time allowed: _____ Test made available in Bb? Yes No

Additional tools that may be used on the test:

- | | |
|--|--|
| <input type="checkbox"/> Basic Calculator | <input type="checkbox"/> Dry Erase Board (Provided by AC) |
| <input type="checkbox"/> Scientific Calculator | <input type="checkbox"/> Scratch Paper/Return to instructor __Y__N |
| <input type="checkbox"/> Graphing Calculator | <input type="checkbox"/> Notes/Return to instructor_Y_N |
| <input type="checkbox"/> Scantron | <input type="checkbox"/> Formula Sheet/Return to instructor __Y__N |
| | <input type="checkbox"/> Computer Access |

Additional tools used for testing are provided by:

Instructor ____ Student ____

Other _____

NOTE: Password must be typed (*handwritten will not be accepted*)

PASSWORD: (Blackboard ONLY) _____

Special Instructions: _____

Note: Tests will not be administered without a cover sheet, students will not be permitted to use additional tools unless listed above

Return Instructions (Paper Tests Only): Return to my mailbox I will pick up