

Central Carolina Community College
T e s t C o v e r S h e e t
Academic Assistance Center
919.718.7361

**** This cover sheet must accompany each test. ****

Instructor: _____ Date: _____

Student: _____ Course: _____

***DOES THIS STUDENT HAVE SPECIAL ACCOMMODATIONS?* If yes, please give details:**

TEST INFORMATION:

I. Check the item(s) the student is allowed to have in his/her possession during the test in addition to the test and a writing instrument.

Scientific Calculator _____ Textbook(s) _____ Scratch Paper _____

Graphing Calculator _____ Class Notes _____ Index Card, # cards: _____

_____ Other, Please Specify: _____

II. Length of time allowed for test: _____

III. Special Instructions:

***** TO BE COMPLETED BY THE PROCTOR *****

Proctor: _____ Date: _____

Form of Student Identification: _____

Start Time: _____ Stop Time: _____ Return Time: _____