



Exam Cover Sheet

Instructors: Please complete sections 1-3 and return with all test materials to Testing Services.
Location: Rhodes West #215 Extension: 2272 E-mail: testingservices@csuohio.edu

Section 1: Student and Course Information	
_____	_____
Student's Name	Course Name/ Section Number
_____	_____
Instructor's Name	Instructor's Contact Information
_____	_____
Exam deadline <i>(last date student is allowed to take test)</i>	Time allowed for class <i>(Please do not calculate extended time)</i>

Section 2: Materials allowed- Please check all that apply	
<input type="checkbox"/> Open Book	<input type="checkbox"/> Blue Scantron
<input type="checkbox"/> Open Note	<input type="checkbox"/> Green Scantron
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Calculator
<input type="checkbox"/> Computer Access	Other: _____
Additional instructions for proctor: _____ _____	

Section 3: Completed test return method	
Please note that delivery is not provided	
<input type="checkbox"/> I will pick up in testing services (ID required)	
Sign here upon pick-up: _____	
<input type="checkbox"/> A designated person will pick up the test from Testing Services (ID Required)	
Name of Individual: _____	
Sign here upon pick-up: _____	
<input type="checkbox"/> Send test via e-mail to my CSU account _____	
Hard copies sent via e-mail must be picked up from Testing Services by the end of the semester	
<input type="checkbox"/> Score the test with the rest of the class (bubble sheet exams only)	

Testing Services Use Only:

Time and a Half Double Time Time Allowed: _____ Other: _____ Seat# _____

Date Received: _____	Date Taken: _____	Date Returned: _____
Method Received: _____	Start time: _____ End time: _____	Method Returned: _____
Initials: _____	Proctor Initials: _____	Initials: _____