



# 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](mailto:testingservices@csuohio.edu)

<b>Section 1: Student and Course Information</b>	
_____	_____
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>

<b>Section 2: Materials allowed- Please check all that apply</b>	
<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: _____ _____	

<b>Section 3: Completed test return method</b>	
<i>Please note that delivery is not provided</i>	
<input type="checkbox"/> Scan and e-mail to my CSU e-mail account: _____	
<input type="checkbox"/> Keep in Testing Services for scanning	
<input type="checkbox"/> I will pick the test up from 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: _____	

### **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: _____