

# TESTING CENTER COVER SHEET

www.csmd.edu/StudentSuccess/TestingCenter



Administer at: LAPL  LEON  PRIN  Remote Site  Course Name \_\_\_\_\_ Course # \_\_\_\_\_

Pickup at: LAPL  LEON  PRIN  Section # \_\_\_\_\_ Exam/Quiz # \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Test For: Group:  Individual:  Roster Enclosed: Yes  No   
Type: Classroom Make-Up  Web  Hybrid  DLC

**WHOLE CLASSROOM TESTS WILL NOT BE ACCEPTED. TIMING OF TESTS IS VERY CRITICAL. PLEASE BE VERY SPECIFIC ABOUT TIMING AND CONSIDERATE OF TESTING CENTER HOURS.**

Allow 2 days for delivery to another campus. Tests ending on Friday to be sent to another campus will not be in the mail until Monday. **THERE IS NO SATURDAY MAIL SERVICE.**

Student's Name(s) (if no roster):

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Students must complete this test by: Date & Time \_\_\_\_\_ and within \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Instructor will pick up the test from the Testing Center by: Date & Time \_\_\_\_\_ @ LAPL/PRIN/LEON

Student(s) may use only the materials indicated (*Mark all that apply*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pen   | <input type="checkbox"/> Bluebooks # _____ | <input type="checkbox"/> Scantron # _____       |
| <input type="checkbox"/> Pencil  | <input type="checkbox"/> Charts # _____    | <input type="checkbox"/> Calculator/type _____  |
| <input type="checkbox"/> Scratch paper   | <input type="checkbox"/> Tables # _____    | <input type="checkbox"/> Formula sheets # _____ |
| <input type="checkbox"/> Notes: # _____ Specifications _____                     | Password: _____                            |   |
| <input type="checkbox"/> E-Books, Textbooks, or Reference book(s) title(s) _____ |  |   |

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

**ADA ACCOMMODATIONS:** When turning in multiple tests, please fill out a separate form for each student with accommodations. Only granted accommodations are to be given.

**ADA EXTENSIONS: LA PLATA, EXT. 7614 LEONARDTOWN, EXT. 5420 PRINCE FREDERICK, EXT. 6009**

Student's Name: \_\_\_\_\_ Proctor/Scribe's Name: \_\_\_\_\_

Extended time: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes This Represents: Time and a half  Double Time

Assistive Technology: Word q3  Dragon  Kurzweil  Other  \_\_\_\_\_

Date Test Received: \_\_\_\_\_ Test picked up by (signature): \_\_\_\_\_

Received by (Testing Center Staff Initials): \_\_\_\_\_ Date: \_\_\_\_\_