Test Cover Sheet
Office of Student Accessibility Services

Needed for all tests and/or quizzes

Testing Center Only (Thomasson Bldg)
Testing hours are from 8:30am- last test must start test by 4:00 on Tuesday through Thursday

(Professor fills out below)- **3 day notice** must be given to the Testing Center for ALL tests **5 day notice for ALL Finals**

Class: ___________________________ Professor: ___________________________ Ext: ______
Test Date: _______________ Scheduled start time of test: _______________
Alternate Test Time/Date (if applicable-Instructor’s permission required): __________________________

Student Name: ___________________________

******Total amount of time student has to complete the Test: ________ hours/minutes*******

**Standard Test Procedures (Professor only, please check):**

<table>
<thead>
<tr>
<th></th>
<th>Closed Book</th>
<th>Calculator</th>
<th>Open Book</th>
<th>3 X 5 with Notes</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y ☐ N ☐</td>
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</table>

[Other]

__________________________________________________________________________________
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**Test Delivery (Professor only, please check)**

☑ Please have tests completed 1 week prior to day when midterm grades are due
☐ Hand delivered by professor or staff member from dept. - need to sign in test at Testing Center
☐ Confidential email to BOTH jwhitaker@desu.edu Mr. James Whitaker and Mr. Perrine
   jperrine@desu.edu
☐ Confidential fax of test (857) x6142

**Test Return (Professor only, please check)**

☐ Professor pick up from Testing Office -in sealed envelope
☐ Test to be delivered through interoffice mail (final exams cannot be delivered this way)

What Building: ___________________________ and room #: ___________________________

☐ Student taking test will deliver the test back to professor in a sealed/stamped envelope

Additional Notes from Professor
__________________________________________________________________________________
__________________________________________________________________________________

**Signature of Professor:**

Professor’s: ___________________________

Date: ____________.

Proctor’s Name: ___________________________

(Questions about accommodations contact Roberta C. Durrington rdurrington@desu.edu or 857.7304)

rev’d 10-13