

Exam Coversheet

Math Testing Center- Wilson 1-110

Please complete a separate coversheet for each test you submit

Center Hours: Monday-Thursday 9-3. Closed Fridays

Instructor: _____ Course and Section Number: _____

Student: _____ (Student Photo ID will be verified when testing)

Type of Exam (Check one): ☐ Missed Exam ☐ Missed Quiz ☐ Gallatin College
☐ Pre-scheduled Exam ☐ Pre-scheduled Quiz ☐ DSS Accommodation

Earliest Date/Time Student may start exam/quiz: _____

*Note: The center is open Monday through Thursday from 9:00 am- 3:00 pm.
Allow for enough time to complete exam before closing.

Latest Date/Time student may start exam/quiz: _____

Maximum time allowed for exam/quiz: _____

Resources Allowed: (Check all that Apply)

Calculator: ☐ No ☐ Yes - ☐ graphing ☐ non-graphing

Notes: ☐ No ☐ Yes Describe: _____

Scratch Paper: ☐ No ☐ Yes - ☐ Return with Exam ☐ Destroy

Textbook: ☐ No ☐ Yes Title: _____

Additional Instructions: _____

Attach exam/quiz to this form and drop off in locked box mounted on wall outside the Math Testing Center at least one hour prior to student make-up time. Completed papers will be returned to your Math Department mailbox.

Center Use:

Test Center Supervisor: _____ Date: _____

Student: _____ ID Number: _____

Time In: _____ Time Out: _____