

**SPSCC ACCOMMODATED & MAKE-UP EXAM COVER-SHEET**

ATTACH AND DELIVER THIS FORM WITH EACH EXAM

**This part to be filled out by Faculty: Date:** Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STUDENT:** | Click here to enter text. | | | **PROFESSOR:** | Click here to enter text. | |
| **CLASS:** | Click here to enter text. | | **Please specify how you would like your test returned to you:**  **SCAN/E-MAIL**  **CAMPUS MAIL**  **INSTRUCTOR PICK-UP**  **OTHER:** | | | |
| Time allotted for exam | | Click here to enter text. | **If campus mail, please specify where:** | | | **Test must be completed no later than:** |
| Time allotted w/ LOA | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. |

Instructor contact information:**Cell:** Click here to enter text.**E-mail:**Click here to enter text.

**EXAM INSTRUCTIONS:**

SCRATCH PAPER OPEN BOOK  CALCULATOR  SCANTRON  NOTES

For Accommodated Testers with an LOA

Using the boxes below, please indicate the means of your students LOA.

PRIVATE ROOM  EXTRA TIME  SCRIBE  READER

OTHER: \_ Click here to enter text. \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please email questions to: assessment@spscc.edu

**This portion to be filled out by Assessment Staff ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date exam administered: |  | Time exam started: |  |
| No-show: |  | Time exam ended: |  |
| Comments: |  | | |
| Assessment Signature: |  | | |

|  |  |
| --- | --- |
| Picked Up: | Date: |