

**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.

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| --- | --- | --- | --- |
| **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:**

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

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