



OFFICE OF ACADEMIC SERVICES
 COMPASS, Thomas Library
 P.O. Box 720 | Springfield, Ohio 45501
 Phone: (937) 327-7870 | Fax: (937) 327-7819

EXAM COVER SHEET

To simplify this process, cover sheets can be emailed, faxed, or sent through campus mail. Please make your students are aware of the schedule and any other information (use of aids, special timing, etc.).

Professor Name: _____ Date: _____

Office Phone: _____ Course Number: _____

Test Date: _____ Test Start Time: _____

Test Name: Quiz _____ Midterm _____ Exam _____ Final _____

Students who miss their test date MUST contact their professor for approval. The professor needs to notify the Accessibility Services in writing that a test can be proctored at a different date.

Student Name: _____

- A valid photo ID is required in order to test.
- No electronic devices are permitted in the testing room.
- Any breach in academic integrity will result in disciplinary action.

What aids are the students permitted to use, if any?

Dictionary _____ Computer _____ Bluebook _____ Textbook _____ Notes _____

Formulas _____ Calculator _____ Scantron _____ Note cards _____

How would you like the tests to be returned? __Pick up __Delivered __ Campus Mail
 Send via email _____

Building/ Office Number: _____