## Testing Center Cover Sheet www.csmd.edu/testingcenter



Administer at: LAPL  LEON  PRIN  Remote Site	Course Name	Course #
Pickup at: LAPL 🗆 LEON 🗆 PRIN 🗆	Section #	Exam/Quiz #
Instructor's Name:	Signature:	
Contact Info:		
Test For:Group:Individual:Type:Classroom Make-UpWebHybrid		osed: Yes  No  No
WHOLE CLASSROOM TESTS WILL NOT BE ACCEPTED. TIMING OF TESTS IS VERY CRITICAL. PLEASE BE VERY SPECIFIC ABOUT TIMING AND CONSIDERATE OF TESTING CENTER HOURS.		
Allow 2 days for delivery to another campus. Tests ending on Friday to be sent to another campus will not be in the mail until Monday. <b>THERE IS NO SATURDAY MAIL SERVICE.</b>		
Student's Name(s) (if no roster): 1	4	
2	_ 5	
3	6	
Students must complete this test by: Date & Timeand withinHoursMinutes Instructor will pick up the test from the Testing Center by: Date & Time@ LAPL/PRIN/LEON		
Student(s) may use only the materials indicated ( <i>Mark all</i>	that apply): s #	□ Scantron #
□ Pencil □ Charts #_		Calculator/type
□ Scratch paper □ Tables #		Formula sheets #      Becoverdu
Notes: #Specifications		
E-Books, Textbooks, or Reference book(s) title(s)         Additional Instructions:		
ADA ACCOMMODATIONS: When turning in multiple tests, please fill out a separate form for each student with accommodations. Only granted accommodations are to be given. ADA EXTENSIONS: LA PLATA, EXT. 7614 LEONARDTOWN, EXT. 5420 PRINCE FREDERICK, EXT. 6009		
Student's Name: Proc	ctor/Scribe's Name:	
Extended time: Hours Minutes This Represents: Time and a half □ Double Time □ Assistive Technology: Word q3 □ Dragon □ Kurzweil □ Other □		
te Test Received: Test picked up by (signature):		
Received by (Testing Center Staff Initials): Date:		