

## Test Cover Sheet Student & Course Information

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Number: \_\_\_\_\_ Term/Year Enrolled: \_\_\_\_\_

Professor's Name: \_\_\_\_\_

Name/Number of Test: \_\_\_\_\_

Assignment(s) Turned In: \_\_\_\_\_

### For Test Center Use Only

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ ID Type/#: \_\_\_\_\_ Checked By: \_\_\_\_\_

Test Center Staff Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Proctor's Name: \_\_\_\_\_ Proctor's Signature: \_\_\_\_\_

Method of Return: \_\_\_\_\_ Returned By: \_\_\_\_\_

Date Returned: \_\_\_\_\_ Remarks: \_\_\_\_\_