



**Faculty Cover Sheet**  
**Testing Services**

Professor Name:

Course Name:

Phone:

Email:

Exam/Quiz Name:

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**Exam Information**

Earliest date to give exam:

Latest date to give exam:

Time allotted in-class in minutes:

**Materials allowed:**

No Materials      Notes      Calculator      Computer

Other:

**Scantron**

None      Green      Red      Blue

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**Return Method**

Campus Mail      Professor Pick Up      Email      N/A – Online Exam

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Special Instructions: