

South Plains College

Advising and Testing Center Exam Cover Sheet

Levelland/Plainview: jwood@southplainscollege.edu Lubbock Downtown/ jtrusty@southplainscollege.edu Career and Tech.: ltucker@southplainscollege.edu	Hours of Operation Monday through Friday 8:00 am until 4:00 pm All tests will conclude each day by 3:45 *****No Testing after 4:00 pm*****
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Instructors: Please complete this form. **This form must accompany all exams which are to be administered and proctored by the Testing Center.** Exams should arrive at least **3-business days prior to the scheduled exam.**

Student's Name:	Semester:
Instructor's Name:	Course Name:
Official Test Date:	How much time does the student have to take the exam? (SPECIFIC time is needed, please refer to approved time accommodations in the AIM portal)
May test on another day? Yes <input type="checkbox"/> Date: _____ No <input type="checkbox"/> May test earlier on test day? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Required : Instructor's contact information DURING the exam time. The Testing Center MUST be able to reach you for questions about administering the exam or questions from the student during the exam.	
Bldg. & Room Number where your class is testing on exam day?	Cell Phone/Email:

Please check & fill in the appropriate options below:

Item	Details	Notes
Type of Exam	Computer Based <input type="checkbox"/> Paper Based <input type="checkbox"/>	
Computer Requirements	Blackboard <input type="checkbox"/> Math Lab <input type="checkbox"/> Other: _____	Instructor Password for exam (if applicable):
Calculator Yes <input type="checkbox"/> No <input type="checkbox"/> Scratch Paper Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Calculator Allowed _____ Return Scratch Paper to instructor <input type="checkbox"/>	
Reader Yes <input type="checkbox"/> No <input type="checkbox"/> Scribe Yes <input type="checkbox"/> No <input type="checkbox"/>		
Materials allowed in Exam Room (3x5 note card, notes, periodic table, etc.) Please list →		
Method of Return The Testing Center does not deliver completed exams, but will hold a test for pick-up by instructor/designated person.	Instructor Pick Up <input type="checkbox"/> Campus Mail <input type="checkbox"/> Box _____ Building _____ Designated Person _____	

Testing Center Use Only

Start: _____	End: _____	Total Exam Time: _____
Date Received Test: _____	Test Date: _____	Given By: _____
Test Center Staff: <input type="checkbox"/> Reader _____ <input type="checkbox"/> Scribe _____		

Please save as a PDF and send to the appropriate campus along with the test.