

# South Plains College

## Advising and Testing Center Exam Cover Sheet

Levelland/Plainview: <a href="mailto:jwood@southplainscollege.edu">jwood@southplainscollege.edu</a>  Lubbock Downtown/ <a href="mailto:jtrusty@southplainscollege.edu">jtrusty@southplainscollege.edu</a> Career and Tech. : <a href="mailto:ltucker@southplainscollege.edu">ltucker@southplainscollege.edu</a>	<b>Hours of Operation</b> Monday through Friday 8:00 am until 4:00 pm <b>All tests will conclude each day by 3:45</b> <b>*****No Testing after 4:00 pm*****</b>
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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.**

<b>Student's Name:</b>	<b>Semester:</b>
<b>Instructor's Name:</b>	<b>Course Name:</b>
<b>Official Test Date:</b>	How much time does the student have to take the exam? <b>(SPECIFIC time is needed, please refer to approved time accommodations in the AIM portal)</b>
<b>May test on another day?</b> Yes <input type="checkbox"/> Date: _____ No <input type="checkbox"/> <b>May test earlier on test day?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>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.</b>	
<b>Bldg. &amp; Room Number where your class is testing on exam day?</b>	<b>Cell Phone/Email:</b>

**Please check & fill in the appropriate options below:**

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

### 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 _____		

**Email Form**