South Plains College

Advising and Testing Center Exam Cover Sheet

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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\*\*\*\*\***

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 □ Date: No □  **May test earlier on test day?**  Yes □ No □ |  |
| **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 □**  **Paper Based □** |  |
| **Computer Requirements** | **Blackboard □**  **Math Lab □**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Instructor Password for exam (if applicable):** |
| **Calculator Yes □ No □**  **Scratch Paper Yes □ No □** | **Type of Calculator Allowed**  **Return Scratch Paper to instructor □** |  |
| **Reader Yes □ No □**  **Scribe Yes □ No □**  **Scribe needed?** |  |  |
| **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 □ Campus Mail □**  **Box\_\_\_ Building**  **Designated Person** |  |
| Testing Center Use Only | | |
| Start: End: Total Exam Time: Date Received Test: Test Date: Given By:  Test Center Staff: □Reader □Scribe | | |

**Email Form**