Exam Coversheet
Math Testing Center- Wilson 1-110
Please complete a separate coversheet for each test you submit
Center Hours: Monday-Thursday 9-3. Closed Fridays

Instructor: ___________________________________  Course and Section Number: __________________________

Student: ________________________________  (Student Photo ID will be verified when testing)

Type of Exam (Check one):  ☐ Missed Exam  ☐ Missed Quiz  ☐ Gallatin College
☐ Pre-scheduled Exam  ☐ Pre-scheduled Quiz

Earliest Date/Time Student may start exam/quiz: ________________________________
*Note: The center is open Monday through Thursday from 9:00 am- 3:00 pm.
Allow for enough time to complete exam before closing.

Latest Date/Time student may start exam/quiz: ________________________________

Maximum time allowed for exam/quiz: ________________________________

Resources Allowed: (Check all that Apply)

Calculator:  ☐ No  ☐ Yes -  ☐ graphing  ☐ non-graphing

Notes:  ☐ No  ☐ Yes -  ☐ Collect with Exam  Describe Notes: ________________________________

Scratch Paper:  ☐ No  ☐ Yes -  ☐ Return with Exam  ☐ Destroy

Textbook:  ☐ No  ☐ Yes  Title: ________________________________

Additional Instructions: ________________________________________________________________

________________________________________________________________

Attach exam/quiz to this form and drop off in locked box mounted on wall outside the Math Testing Center at least one hour prior to student make-up time. Completed papers will be returned to your Math Department mailbox.

Center Use:
Test Center Supervisor: ________________________________  Date: ________________________________

Student: ________________________________

Time In: ________________________________  Time Out: ________________________________