Group Exam Coversheet

Math Testing Center- Wilson 1-110

Hours: Monday- Thursday 9-3. Closed Fridays

Instructor:_____ Course:_____

Date: _____

Earliest Time Students may start exam: _____

Latest Time students may start exam: _____

*Students may start exam _____ minutes before/after their scheduled start time.

**May students NOT on the list take the exam? ☐ No ☐ Yes- If yes, please provide extra copies of the exam

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: _____

Please list each student taking the exam with start time and time allowed. Papers will be returned to your Math Department mailbox.

STUDENT NAME	SECTION NUMBER	SCHEDULED START TIME			TIME ALLOWED