Group Exam Coversheet

Math Testing Center- Wilson 1-110

Center Hours: Monday- Thursday 9-3. Closed Fridays

Instructor:_____ Course and Section Number:_____

Date: _____

Earliest Time Students may start exam/quiz:_____

Latest Time students may start exam/quiz: _____

**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 in the Test Center, with the start time for each and time allowed. You can take the exams to the Center, or give them to Sabrina Rosenstein. Papers will be returned to your Math Department mailbox.

STUDENT	START TIME		TIME ALLOWED