

Exam Cover Sheet

Email AccessibilityServices@ohiodominican.edu with questions or concerns

Testing Center Requirements:

- Exams must be delivered to the Accessibility Services Office (ASO) with this Cover Sheet 24 hours prior to when the student will take the exam in the Testing Center by either:
 - delivery to the ASO office in Spangler 227 (please slide pages under the locked door if the Coordinator is not present), or
 - email to the ASO Coordinator: accessibilityservices@ohiodominican.edu.
- If everything below is the same for multiple students, you may provide one Cover Sheet for all and list their names below.
- Please note below how you would like the completed exam to be returned to you.
- Students must schedule a time to take their exam using the [Testing Center Appointment Form](#).

Faculty Name: _____ Course Code: _____ Section #: _____

Student Name(s)	Notes, if applicable

Exam Name: _____ Exam Date: _____ Exam Time: _____

Exam Duration: how long will your class have to complete this exam?

- | | |
|--|--|
| ☐ 50-minute exam | ☐ Final Exam: 1-hour-and-50-minute exam |
| ☐ 1-hour-and-20-minute exam | ☐ Other, please specify _____ |

Exam Materials: please mark what students are allowed to have with them while taking your exam

- | | |
|---|---|
| ☐ Blue Book | ☐ Class Notes/Formulas (provide details below) |
| ☐ Calculator (provide details below) | ☐ Laptop |
| ☐ Cellphone | ☐ Headphones |
| ☐ Scratch Paper | ☐ Nothing |
| ☐ Books (provide titles below) | ☐ Other: _____ |

Please provide any additional instructions for Testing Center Proctors:

Please indicate how exams will be returned:

- ☐ ASO will scan/email
- ☐ ASO will deliver to your mailbox in Erskine (specify box #): _____
- ☐ Faculty will pick up from Spangler 227

ASO Use Only:

- ☐ Extended Time: 1.5x or 2x
- ☐ Private Room
- ☐ Breaks allowed
- ☐ Audio
- ☐ _____
- ☐ N/A: Make-up Exam