

Drop Off
TC Staff: _____
Date: _____
Time: _____

Union: uniontc@eastcentral.edu 636-584-6550 or 6124
Rolla: rollatc@eastcentral.edu 573-466-4076

Pick Up
Instructor: _____
Date: _____
Time: _____

Testing Center Exam Cover Sheet

Please provide roster of students taking the exam

Instructor: _____	Test Type: <input type="checkbox"/> Online Password: _____
Contact Info: _____	Testing Platform: _____
Course Name: _____	<input type="checkbox"/> Paper Copy Code: _____
Exam Name: _____	Start date: _____
Time Allowed: _____	End date: _____

Materials Allowed		
Calculator		
<input type="checkbox"/> Basic	<input type="checkbox"/> Scientific	<input type="checkbox"/> Graphing
Scantron		
<input type="checkbox"/> Regular	<input type="checkbox"/> Math	<input type="checkbox"/> Blue book
Scratch Paper		
<input type="checkbox"/> None	<input type="checkbox"/> Keep	<input type="checkbox"/> Discard
Textbook		
<input type="checkbox"/> Physical copy	<input type="checkbox"/> E-reader	
Other Resource (please specify) <input type="checkbox"/> Collect after testing		

Special Instructions
