Test Cover Sheet - Library & Achieve Program

Please complete this form and e-mail it with a copy of the test to: **TestCenter@villa.edu**

Questions, please call: 716-961-1863

Instructor:			
Course:			
Today's Date:	**Test Deadline Date:**	*** Normal Time Limit:** Hour(s) : Minutes:	
Please list the student(s) first and last name(s) that will be taking this test:	**Please mark a check next to the type of test/quiz**	**(To complete at pick up) Date of pick up:**	**(To complete at pick up) Instructor's Initials:**
1.)	Make-up Accommodated		
2.)	Make-up Accommodated		
3.)	Make-up Accommodated		
4.)	Make-up Accommodated		
5.)	Make-up Accommodated		

Please check mark your response for each question:

Instructor Preferences:	Yes	No
Complete test on a SCANTRON		
Calculator use permitted for make-up test/quiz		
Open Textbook		
Open Notes		

Additional notes from instructor:

_____

_____

*For scheduling purposes, if a time limit isn't provided, the student will be given the normal duration of the class time plus any appropriate accommodations. Thank you!