

## **Test Cover Sheet - Library & Achieve Program**

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

Questions, please call: 716-961-1863

Instructor:			Course:	Course:			
Personal Contact Information (email or phone #) in case of questions during tests:							
Today's Date: Test Deadl		ine Date: In-class Time L		me Limit* (we will calcul	Limit* (we will calculate accommodated time)		
			Hour(s):	Minutes:	□Untimed	d/No Limit	
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					
Achieve student? Yes□ No□		□Accommodated					
2)		□Make-up					
Achieve student? Yes□ No□		□Accommodated					
3)		□Make-up					
Achieve student? Yes□ No□		□Accommodated					
4)		□Make-up					
Achieve student? Yes□ No□		□Accommodated					
5)		□Make-up					
Achieve student? Yes□ No□		□Accommodated					
Please check mark your response for each question:							
Instructor Preferences:					Yes	No	
Complete test on a SCANTRON (if yes, form number:)							
Calculator use permitted for make-up test/quiz							
Open Textbook							
Open Notes		-					
Seal in an envelope and send back to instructor via student							

## Additional notes from instructor:

<sup>\*</sup>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!