Bowdoin College Test Center Cover Sheet

Sch	eduled Date/Time for Test:
Stu	dent's Full Name and ID number:
Со	urse Number and Section:
Fac	ulty Name:
	***If there's a question (or typo) regarding the test, we will need to reach you. Please provide your contact information during this test time:

PLEASE NOTE: If you provide any additional information to your students during the exam (i.e. you correct a typo, provide additional context for one or more questions, allow extra time, etc.) please be sure to communicate that same information to the Test Center so we can share it with your student(s). During testing, you can reach the Test Center 721-5112 or <u>testcenter@bowdoin.edu</u>.

Please list the total test time in hours and minutes. This total should **include** any extended time that this particular student is allowed. Unlimited time is not an option, as the Test Center generally closes at 5:00 p.m.

	Time Allowed:					
Materials allowed (check all that apply):						
🛛 Blue Book (pro	ovided by Test Center)		Notes			
Scratch Paper			Textbook			
Computer for	typing		None			
Computer for	Computer for listening to audio materials, viewing PowerPoint, or other electronic materials					
Calculator (ple	□ Calculator (please specify: tLC 4-function, graphing, basic):					
Other materials (please specify):						
•			listening portions, differe one student, etc.:	nt sections that		
Office use only						
Date test given:		_ Start time:	End time	e:		
Date of test pick-up	: Printed N	ame of person pickin	g up test:			
Signature of person picking up test:						

Questions or concerns? Please contact the Test Center, <u>testcenter@bowdoin.edu</u> or (207) 721-5112