Bowdoin College Test Center Cover Sheet

Scheduled Date/Time for Test: ________________________________________________________________

Student’s Full Name and ID number: __________________________________________________________

Course Number and Section: _________________________________________________________________

Faculty 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 testcenter@bowdoin.edu.

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 (provided by Test Center)    ☐ Notes
☐ Scratch Paper    ☐ Textbook
☐ Computer for typing    ☐ None
☐ Computer for listening to audio materials, viewing PowerPoint, or other electronic materials
☐ Calculator (please specify: tLC 4-function, graphing, basic): ______________________________
☐ Other materials (please specify): _______________________________________________________

Special Test Instructions:
Please provide clear instructions for PowerPoint presentations, listening portions, different sections that
require monitored starts/stops, materials shared by more than one student, etc.:

__________________________________________________________________________________________

Office use only

Date test given: ______________ Start time: ______________ End time: ______________

Date of test pick-up: ______ Printed Name of person picking up test: ______________________________

Signature of person picking up test: _____________________________________________________________

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