BALTIMORE CITY COMMUNITY COLLEGE
TEST CENTER
DEPARTMENTAL EXAMINATION COVER SHEET

<mark>STUDENTS CANNOT SCHEDULE FOR TESTING UNTIL THE TEST HAS BEEN SUBMITTED TO THE TEST CENTER!</mark>

(Please Print)

INSTRUCTOR: _____   COURSE TITLE: _____   CRN# _____

NUMBER OF STUDENTS_____   TESTING PERIOD: _____   _____

NUMBER OF COPIES_____   Begin   End

TIME ALLOWED_____   ONLINE PASSWORD_____

LIST INDIVIDUAL STUDENT(S) BELOW OR ATTACH THE COURSE ROSTER

_____   _____

_____   _____

_____   _____

STUDENT WILL RECORD ANSWERS ON: **STUDENT MAY USE:**

_____ Test Copy   _____ Scratch paper
_____ Answer Sheet (provided)   _____ Calculator
_____ Scantron sheet   _____ Textbook
_____ Computer   _____ Dictionary
_____ Other (please specify in the next section)   _____ Other aids (please specify in next section)

SPECIAL INSTRUCTIONS FOR STUDENTS_____
_____
_____

Test Center Contact Information: Tel: 410.462.7666   Fax: 410.225.4606   Email: testcenter@bccc.edu

Faculty Signature: _____   Date: _____

Office Location:_____   Telephone:_____

Office Use Only

☐ <mark>Instructor's name included</mark>   ☐ <mark>Instructor's course title included</mark>

Test accepted by:_____ Date_____
                        (Test Center Staff)

Test picked up by:_____ Date_____
                        (Faculty)

Test completion verified by:_____ Date_____ Semester_____
                        (Test Center Staff)

Revised 10/2023