

**BALTIMORE CITY COMMUNITY COLLEGE**  
**TEST CENTER**  
**DEPARTMENTAL EXAMINATIONS COVER SHEET**

**STUDENTS CANNOT SCHEDULE FOR TESTING UNTIL THE TEST HAS BEEN SUBMITTED TO THE TEST CENTER!**

*(Please Print)*

INSTRUCTOR: \_\_\_\_\_ COURSE TITLE: \_\_\_\_\_ INDEX# \_\_\_\_\_  
NUMBER OF STUDENTS \_\_\_\_\_ TESTING PERIOD: \_\_\_\_\_  
NUMBER OF COPIES \_\_\_\_\_ Begin \_\_\_\_\_ End \_\_\_\_\_  
TIME ALLOWED \_\_\_\_\_ ONLINE PASSWORD \_\_\_\_\_

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


**STUDENT WILL RECORD ANSWERS ON:**

- ☐ Test Copy  
☐ Answer Sheet (provided)  
☐ Scantron sheet  
☐ Computer  
☐ Other (please specify in the next section)

**STUDENT MAY USE :**

- ☐ Scratch paper  
☐ Calculator  
☐ Textbook  
☐ Dictionary  
☐ 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](mailto:testcenter@bccc.edu)

- Testing is administered during **specific time periods**; please visit the website ([www.bccc.edu/tescter](http://www.bccc.edu/tescter)) for the testing schedule and additional information.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Office Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Office Use Only**

☐ **Instructors' name included**

☐ **Instructors' course title included**

Test accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Test Center Staff)

Test picked up by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Faculty)

Test completion verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_  
(Test Center Staff)