

TEST COVER SHEET

Please email this application and any other materials you think pertinent to testing@stthom.edu or submit directly to the Testing Center in Doherty Library, B0101. For questions, please call the Testing Center at 713-942-3451.



UNIVERSITY OF
ST. THOMAS

FOR PROFESSORS ONLY:

Please fill out the following information found below:

Professor Name: Student Name:

Is there a specific date the test should be taken on or by? On: By:

Reason student is testing here: Disability Other

Regular time allowed in class to take test (without accommodations):

30 min 50 min 75 min 90 min 120 min 150 min Other:

May the student have additional time if needed? Yes No *If yes, max time?

May the student leave the room during the test for a restroom break? Yes No

Materials allowed:

Calculator Dictionary Formula Sheet Class Notes Textbook Other

Additional Instructions:

If questions arise during the exam, I can best be reached at:

Phone Number: Email:

FOR STUDENTS ONLY:

Please read and acknowledge the following statement:

I have read, understand, and agree to abide by the "Student Test Policy" posted in the Testing Center.

Student Signature

Date

FOR CSTC OFFICE USE ONLY:

Date Completed: Start Time: End Time:

Student said the following materials could also be used on the test:

Student arrived late for appointment and was notified that they would forfeit some of the allotted test time.

Test is being returned untaken because: Missed two schedule test times Never scheduled