



UC Clermont
Alternate Testing Envelope
 (Single Use Only)

TESTING CENTER STAFF ONLY Appointment Time: _____ Date: _____
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PHONE: (513) 732-5219
EMAIL: clctest@uc.edu

Faculty must complete this form and return 1 business day prior to the exam to Testing Services (Jones 103) or via email at clctest@uc.edu

Student Name: _____ Course Title and Number: _____ Instructor Name: _____	Total Accommodated Time Allowance: Testing Staff Use ONLY									
Amount of time the class is allotted for quiz/test/exam: _____ (hours/minutes) x 1.5/2.0 (Circle)										
CLASS SCHEDULED TO TAKE TEST: Date _____ Time _____										
<p align="center">Student May Use (Please Circle):</p> <table border="0"> <tr> <td>Textbook</td> <td>Notes</td> <td>Dictionary</td> </tr> <tr> <td>Calculator</td> <td>Formulas</td> <td>Scantron</td> </tr> <tr> <td>Periodic Table</td> <td>Other _____</td> <td></td> </tr> </table>		Textbook	Notes	Dictionary	Calculator	Formulas	Scantron	Periodic Table	Other _____	
Textbook	Notes	Dictionary								
Calculator	Formulas	Scantron								
Periodic Table	Other _____									
Special Instructions: _____ _____ _____										

Note: Only an item that is circled will be allowed into Testing Services. If an item is left un-circled, it will be assumed that it is NOT allowed.

Method of Test Return: (*If no method selected, test returned to faculty mailbox)

- ___ Return to faculty mailbox Mail location: **(Circle one) WWAC / Snyder**
- ___ Student delivers in sealed envelope to my: ___ Mailbox ___ Class ___ Office
- ___ Instructor Picks Up
- ___ Other: _____
- ___ Scan and EMAIL to: _____

FOR TESTING CENTER STAFF ONLY

Time Student Started Exam: _____	Projected Finish Time: _____	Scheduled 1 / 2 Locker _____
Time Student Finished Exam: _____	Exam Returned By: _____	