

ARC Testing: COVER SHEET

ESL

PLEASE LEAVE BLANK

Please Print Clearly

Student Name: (Last) (First)

Faculty Name: (Last) (First) **Office Number:**

Course: (Number) (Name)

Test/Quiz # or Name:

Date Given: *Please enter the date given in class*

Time Given: *All ESL Tests expire within 24 hours of dates the tests*

GradeMaster: Yes No

Normal Time:

Adjusted Time:

Materials:

- Scrap Paper
- Calculator
- Book/Notes
- Dictionary
- Other: _____

Special Instructions: