

# ARC Testing: COVER SHEET

# *Make-Up*

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:**

**Date Expired:**

**GradeMaster:**  Yes  No

**Time Limit:**

**Materials:**

- Scrap Paper
- Calculator
- Book/Notes
- Dictionary
- Other: \_\_\_\_\_

**Special Instructions:**

*If no expiration date, test will remain in Testing through the final week of classes.*