

ARC Testing: COVER SHEET

Change of Exam Time

PLEASE LEAVE BLANK

Please Print Clearly

Student Name: (Last) (First)

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

Course: (Number) (Name)

Test/Quiz # or Name:

Date to be Taken:

Time to be Taken:

GradeMaster: Yes No

Time Limit:

You must have both signatures to validate this form and to turn it in to your teacher.

Registrar

Testing Supervisor

Special Instructions:

Materials:

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