

ARC Testing: COVER SHEET

ESL *Final Exam*

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

Normal Time:

Adjusted Time:

Materials:

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

Special Instructions: