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: _____

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

GradeMaster: ☐ Yes ☐ No

Time Limit: _____

Special Instructions:

Materials:

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