



**BALTIMORE CITY COMMUNITY COLLEGE
TESTING CENTER
DEPARTMENTAL EXAMINATION COVER SHEET**

STUDENTS CANNOT SCHEDULE FOR TESTING UNTIL THE TEST HAS BEEN SUBMITTED TO THE TEST CENTER!

(Please Print)

INSTRUCTOR: _____ COURSE TITLE: _____ CRN# _____
NUMBER OF STUDENTS _____ TESTING PERIOD: _____
NUMBER OF COPIES _____ Begin _____ End _____
TIME ALLOWED _____ ONLINE PASSWORD _____

LIST INDIVIDUAL STUDENT(S) BELOW OR ATTACH THE COURSE ROSTER

_____	_____
_____	_____
_____	_____

STUDENT WILL RECORD ANSWERS ON:

_____ Test Copy
_____ Answer Sheet (provided)
_____ Scantron sheet
_____ Computer
_____ Other (please specify in the next section)

STUDENT MAY USE:

_____ Scratch paper
_____ Calculator
_____ Textbook
_____ Dictionary
_____ Other aids (please specify in next section)

SPECIAL INSTRUCTIONS FOR STUDENTS _____

Test Center Contact Information: Tel: 410.462.7666 Fax: 410.225.4606 Email: testcenter@bcc.edu

Faculty Signature: _____ Date: _____
Office Location: _____ Telephone: _____

Office Use Only

☐ **Instructor's name included**

☐ **Instructor's course title included**

Test accepted by: _____ Date _____
(Testing Center Staff)

Test picked up by: _____ Date _____
(Faculty)

Test completion verified by: _____ Date _____ Semester _____
(Testing Center Staff)