



UC Clermont
Alternate Testing Envelope
(Single Use Only)

PHONE: (513) 732-5219
FAX: (513) 732-5303

Faculty must complete this form and return 1 business day prior to exam to the Testing Center (S166) or via email at Clermont.Assessment@uc.edu.

Student Name: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

CLASS Time Allotted for Quiz/Test/Exam: \_\_\_\_\_ (hours/minutes)

Student must complete quiz/test/exam by:

Date \_\_\_\_\_ Time \_\_\_\_\_

Student May Use (Please Circle):

- Textbook, Notes, Dictionary, Calculator, Formulas, Other \_\_\_\_\_

Note: Only an item that is circled will be allowed into the Testing Center. If an item is left un-circled, it will be assumed that it is NOT allowed.

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of Test Return: (\*If no method selected, test returned to faculty mailbox)

- Return to faculty mailbox
Student delivers in sealed envelope to my: [ ] Mailbox [ ] Class
Instructor Picks Up
Other: \_\_\_\_\_

FOR TESTING CENTER STAFF ONLY

Time Student Started Exam: \_\_\_\_\_ Projected Finish Time: \_\_\_\_\_
Time Student Finished Exam: \_\_\_\_\_ Exam Returned By: \_\_\_\_\_