Academic Testing Center
INSTRUCTOR FORM

Please complete all fields; incomplete forms will not be processed.

Submit completed forms to testingcenter@hagerstowncc.edu.

Instructor Name: _____   **Emergency phone number***: _____

*to be used only when information from instructor is required

Course prefix, number & section (e.g., MAT 109-02): _____   **Type of course:**

Test Title (e.g., test #2, midterm, etc.): _____   **Time limit**: _____

Number of students:

If 4 or fewer students, please list names: _____

Roster attached? Yes   No

Test start date: _____   **Test end date:** _____   **Deadline extensions:**

Permissible Items (check all that apply): book ____   notes ___   scratch paper ___

calculator: graphing ___   non-graphing

Other/Restrictions: _____

Test answers: **Password:** _____

Other (please specify): _____

> *Note: All paper-based exams must be submitted in person (preferred) or via interoffice mail.*
>
> *All paper-based exams must include instructor's name on the front page for test security purposes.*

Special instructions/ADA accommodations approved by HCC Disabilities Services: