



UC Clermont Alternate Testing Envelope

PHONE: (513) 732-5219
FAX: (513) 732-5303
EMAIL: Clermont.Assessment@uc.edu

Please return 1 business day prior to exam to the Testing Center (S166) or via email.

Student Name: PLEASE GIVE STUDENT'S FIRST AND LAST NAME _____

Course Title and Number: _____

Instructor Name: _____

Student must complete quiz/test/exam by: _____
Date Time

Class Time Allotted for Quiz/Test/Exam: _____ (hours/minutes)

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:
PLEASE LIST ANY OTHER PERTINENT INFORMATION HERE

Method of Test Return:

- Instructor Picks Up
- Student delivers in sealed envelope to my: Mailbox Class
- Return to faculty mailbox
- Other: _____

FOR TESTING CENTER STAFF ONLY THIS INFORMATION IS FOR OUR RECORDS

Time Student Started Exam: _____
Time Student Finished Exam: _____
Exam Returned By: _____