

YORK TECHNICAL COLLEGE
Test Cover Sheet

Assessment Center B-7
 981-7176

Write **your name** on **EACH** test.
 Write **student's name** on **EACH** test.

INSTRUCTOR INFORMATION

Instructor Name _____ Phone Number _____

Contact Information _____

Instructor: Please make sure that the Test Information section is filled out completely. Thanks!

TEST INFORMATION

Course Number _____

Test # _____

Length of time allowed for test _____

Test should be taken no later than (date) _____

Aids that may be used on the test

Basic Calculator Scratch Paper Notes Dictionary

Scientific Calculator White Board Books Scantron

Graphing Calculator Formula Sheet

Special instructions _____

RETURN INSTRUCTIONS:

Return to my mailbox

I will pick up