

# TEST COVER SHEET

## Assessment Center

**ROCK HILL CENTER B-7**  
 Assessmentcenter@yorktech.com  
 Phone 803- 981-7176 Fax 803-981-7332

**CHESTER CENTER**

AssessmentcenterCHESTER@yorktech.com  
 Phone 803-385-5884  
 Fax 803-581-5434

**KERSHAW CENTER**

AssessmentcenterKERSHAW@yorktech.com  
 Phone 803-475-2686  
 Fax 803-475-3144

Tests for Rock Hill OR Chester OR Kershaw (choose only one)  
 Use a separate TEST COVER SHEET for **each** Assessment Center site

Instructor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

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

**TEST INFORMATION**

Course # \_\_\_\_\_ Test# \_\_\_\_\_

Time allowed \_\_\_\_\_ Test Deadline \_\_\_\_\_

Aids that may be used on the test:

- |  |   |
|--|---|
| <input type="checkbox"/> Basic Calculator      | <input type="checkbox"/> White Board                                      |
| <input type="checkbox"/> Scientific Calculator | <input type="checkbox"/> Paper/Return to Instructor __Y__N                |
| <input type="checkbox"/> Graphing Calculator   | <input type="checkbox"/> Notes/Return to Instructor __Y__N                |
| <input type="checkbox"/> 10 Key Calculator     | <input type="checkbox"/> Formula Sheet/ Return to Instructor __Y__N       |
| <input type="checkbox"/> Scantron              | <input type="checkbox"/> Computer Access                                  |
| <input type="checkbox"/> Books                 | <input type="checkbox"/> CD, Disk, Flash Drive/ Provided by Instructor __ |
| <input type="checkbox"/> Thesaurus             | Provided by Student __  |
| <input type="checkbox"/> Dictionary            | <input type="checkbox"/> Other _____                                      |

**PASSWORD:** \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

**Tests will be stopped and returned to instructor if aids used are not listed above.**

RETURN INSTRUCTIONS:      Return to my mailbox      I will pick up