



TEST CENTRE COVER SHEET | Faculty use ONLY

Complete the information below for **each** student. Email to **testcentre@fanshawec.ca**, along with any materials to be printed for the test.

1. Contact Information

Student Last Name:

Student First Name:

Student Email:

Professor Name:

Course Code:

Prof. Email + Phone Number

2. Test Information

Date of Test:

Start Time of Test:

FOL Test?

Yes

No

Test Name:

Password (FOL Test):

Time Allowed:

Is This a Paper-based Test?:

Yes

No

Scan Back Materials? Yes

No

3. Test Instructions / Aids Allowed

No additional aids allowed

Other permitted items or special instructions:

Complete by Test Centre Staff at time of invigilation:

Test Date: _____

Start Time: _____ End Time: _____