Test Cover Sheet

Testing Center

(541) 881-881-5799 (541) 881-5532 fax

Student & Course Information

TREASURE VALLEY

Date:			St	Student ID:		
Student Name:			Phone Number:			
Address:	C	ity:		State:	Zip:	
Course Name & Number:	Year/Term Enrolled:					
Professor's Name:						
Name / Number of Test:						
Assignment(s) Turned in:						
For Test Center use only						
Start Time:	End Time:		ID Type / #:	Checke	d by:	
Test Center Staff Comments:						
Proctor's Name:			Proctor's Signature:			
Method of Return:			Returned by:			
Date Returned:			Remarks:			

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