

Math Lab Test Cover Sheet

Student Name:

Date:

Instructor:

Course:

Special Instructions:

Time Limit:

Calculator: Yes No Scientific Graphing

Open Books/Notes Yes No

Formula Sheets Yes No

Other:

I have read and understand the special instructions.

Student Signature _____

Date Taken _____

Start Time _____

Turn-in Time _____

Lab Signature _____

Comments to Instructor: