Instructor’s Cover Sheet for Video Streaming Courses
(To be used when sending quizzes, tests, exams or other materials to online/distance learning students)

Course Number: _____________________________________________________________

Course Title: ________________________________________________________________

Instructor’s Name: Any questions about enclosed materials please contact the instructor named above.

Instructor’s Email: ____________________________________________________________

Return Address or Email Address: ______________________________________________

Instructor’s Phone: ____________________________________________________________

Enclosed are the following:

☐ Handouts for Lecture #(s): ____________________________________________________
☐ Homework Assignment #(s): ____________________________________________________
☐ Solutions to: ________________________________________________________________
☐ Exam #(s): __________________________________________________________________
☐ Other: _____________________________________________________________________

Instructor: If a quiz or exam is enclosed/attached, please complete the following:

Type of quiz/exam (check one): Closed Book _____ Open Book _____ Take Home ______

Should Exam be proctored? Yes __________ No __________

Are student notes permitted? Yes __________ No __________

If yes to any of the above, specify limitations (i.e. closed book, open book, no notes, notes allowed, how many pages of notes are allowed, etc.):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Last lecture to be reviewed before exam: ________________________________________________

Student may view additional lectures prior to testing? Yes __________ No __________

Time limit for taking exam: _________________________________________________________

Return Date/Time/Method for Exam:

Post Mark by: ___________________ Email by: ___________________ Received by ___________________

(If this date cannot be met, contact the Instructor in advance for permission to change).

Special Instructions for returning the quiz/exam:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________