Our Lady of Mercy College

EXAMINATION COVER SHEET

Course:	**Date of exam:**
Year level:	**Duration of exam:**
Number of students:	**Teacher:**
Lined paper required: yes no	**Teacher Contact:**

STUDENTS WITH EXTRA TIME/ SPECIAL CONDITIONS:
(NAMES)

MATERIALS ALLOWED:
Exam booklet, document booklet.

SPECIAL INSTRUCTIONS:
Spare paper may be required.

Checklist (tick when completed):

	Teacher Responsible	**Exam Checker**	**HOLA**
Cover page			
Correct year			
Subject			
Type / Section			
Correct page numbers			
Questions in sequence			
Support materials included (eg. formula sheet)			