

Make-up Test Form

Student's Na	me:		
Class/Course	e Title:		
Instructor's N	Name:		
Earliest Start	t Date/Time:		
Latest Start I	Date/Time:		
	(The test will <u>not</u> be administered after		
Student m	nay use the following (check all that	t appl	y):
	Calculator		Delivery Method:
	☐ Scientific ☐ Graphing		Pick-up (in LRC-318)
	Notes (additional information below) (3x5 notecard, how many pages, etc.)		Intercampus Mail (Satellite campuses only) Campus/Dept:
			Scanned Email: (Staff) Scanned by: Date:
camera, P iPod playe	DA, or any other electronic devices	s duri	udents may NOT use their cell phone, ng testing. They may NOT use MP3 or . Students may NOT take the exam out of
Warning:	This exam is being monitored via a	a vide	eo monitoring system.
	Time limit Time Allowed		
Other direct	ions:		
I hav		taking to turn	this make-up exam. I also understand that there the test in on time. I understand that I must turn in
Student's Si	ignature:		
Date:	Time In:		Time Out: