

# MAKE-UP TEST REQUEST FORM

SEMESTER: \_\_\_\_\_

## TO BE COMPLETED BY INSTRUCTOR:

DATE: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ DEPT: \_\_\_\_\_

CLASS: \_\_\_\_\_

STUDENT TAKING TEST: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ TEST DATE: \_\_\_\_\_

TEST TIME: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

WHAT MATERIALS MAY THE STUDENT USE DURING THE TEST: (PLEASE LIST)

## INSTRUCTIONS FOR ADMINISTERING TEST:

WHEN WILL INSTRUCTOR PICK-UP TEST:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## TO BE COMPLETED BY STUDENT AT THE TIME OF TESTING:

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ STARTING TIME: \_\_\_\_\_ FINISHING TIME: \_\_\_\_\_

## TO BE COMPLETED BY SSC STAFF:

ADMINISTRATOR'S DECISION TO STOP TEST:

TIME: \_\_\_\_\_ REASON: \_\_\_\_\_

DATE ACTUALLY TAKEN: \_\_\_\_\_

STARTING TIME: \_\_\_\_\_ FINISHING TIME: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_

INSTRUCTOR'S INITIALS: \_\_\_\_\_ DATE PICKED UP \_\_\_\_\_