



MAKE-UP TEST COVER SHEET

Academic Success Center Testing Center-Phifer Hall

Please attach this form to every make-up exam submitted to the Academic Success Center Testing Center. A form must be attached to each individual make-up exam.

All exams must begin before: 6:00 pm Monday – Thursday.

If a student has multiple tests, the ASC will administer the oldest test first, unless otherwise stated by the Instructor.

Student: _____

Course: _____ **Exam #:** _____ **Time Allotted:** _____

2 hr. max.

Instructor: _____ **Office/Day Phone:** _____

Email: _____ **Cell Phone:** _____

Test Window (Date and Time):

Start the exam no earlier than: _____, **End the exam no later than** _____

Testing Method: (Mark all that apply)

☐ Paper ☐ Moodle (passcode) _____ ☐ Computer
☐ Other _____

Materials/Aides Allowed: (Mark all that apply)

☐ Book/e-book ☐ Notes ☐ Study Guides ☐ Scratch Paper
☐ Calculator (any type) ☐ DESMOS ☐ Stat Crunch ☐ Formulas/Tables
☐ Other _____

Special Instructions: _____

Testing Center Use

Exam Date: _____

Locker Assigned: _____

Testing Station: _____

Begin: _____ End: _____