



Make-Up & Alternative Testing Instructions

Student's Name _____

Instructor's Name _____

Class Name Section # Exam #

INSTRUCTOR: Please complete this card, attach it to the test, and deliver to the testing center before:

_____ (Time) on _____ (Day/Date).

Specify amount of time allotted for this test: _____

Time allowed for Alternative Testing: _____

Additional Sources Allowed for test:

Notebook _____ Calculator _____
Textbook _____ Notecard(s) _____
Other: _____

The completed test will be hand delivered to your mailbox within 24 hours.

Instructor's Signature Mailbox Location Phone

STUDENT: *Please deliver this form to your instructor immediately so that he/she is aware of your testing appointment. If you fail to provide this information to your instructor in a timely manner, your test may not be available at the time of your scheduled appointment, and you may be required to reschedule.*

PHOTO IDENTIFICATION IS REQUIRED AT THE TIME OF TESTING.



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