

MAKE-UP TESTING FORM

PHOTO ID IS REQUIRED BY ALL STUDENTS AT THE TIME OF THE EXAM

Date: _____

Instructor Information: Name: _____ Dept: _____

E-mail: _____ Phone #: _____ Course: _____

Name of student(s) allowed to take the attached exam:
(If you have listed multiple students, please provide multiple copies of the exam)

1.	3.
2.	4.

If you are allowing **anyone** from your class to take the exam, please indicate that by checking this box.

Indicate Testing Dates: From: _____ To: _____ Test Name: _____

Time Allowed: _____ **DSPS Accommodations:** Time and a half Double Time**Answering Materials:**

- Green Book
 Scantron
 Answer Directly on Paper

Resources:

- Closed Book or Open Book
 Closed Notes or Open Notes
 Dictionary Calculator
 Scratch Paper Note Cards

Allowed Electronic Devices: Laptop Cell Phone ebook Other _____*Note: If a computer is required to complete the exam, the student(s) may be set up in the main Success Center.*

Special Instructions and DSPS Accommodations, if applicable:

_____ I will pick up the completed exam(s) in

(LAC) L-212 or (PCC) EE-206

 Place completed exam(s) in Campus mail**(PCC ONLY)***If you plan to have someone pick up the exam(s) on your behalf, please let us know ahead of time who it will be:*_____
A **photo ID** will be required at pick up.**MDSC Staff Only:**

Date:	Start Time:	End Time:	Initials:
Date:	Start Time:	End Time:	Initials:
Date:	Start Time:	End Time:	Initials:
Date:	Start Time:	End Time:	Initials: