

# INSTRUCTOR/MAKEUP EXAMINATION FORM

Name of Faculty Member: \_\_\_\_\_ # Copies: \_\_\_\_\_

Telephone Numbers: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Course Name and Number: \_\_\_\_\_ Test I.D. \_\_\_\_\_

Please List Students' Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Last Date Exam May Be Taken: \_\_\_\_\_  
**YOU MAY NOT USE A SATURDAY OR SUNDAY END DATE.**

## SPECIAL INSTRUCTIONS:

\_\_\_ Open Book  
    \_\_\_ Text  
    \_\_\_ Notes  
    \_\_\_ Tables  
    \_\_\_ Dictionary  
    \_\_\_ Other (Please Specify)

\_\_\_ Time Limit: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

\_\_\_ Closed Book

\_\_\_ Calculator May Be Used

\_\_\_ No Calculators

\_\_\_ Scratch Paper Needed

\_\_\_ Lined Paper Needed

\_\_\_ Student May Write Answers on  
Exam

\_\_\_ Scantron Form Required  
(Specify Type) \_\_\_\_\_

**NOTE: TESTING CENTER SUPPLIES SCANTRONS, SCRATCH, LINED, AND GRAPH PAPER.**

**TESTS WILL NOT BE GIVEN TO AN ENTIRE CLASS FOR ON-CAMPUS CLASSES.**

**Please remind students that they must show a photo I. D. and a test PASS (if required) when they ask for an exam in the Testing Center.**

**COMPLETED EXAMS may be picked up by the faculty member in the Testing Center.**