

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

_____ Scantron Form Required
(Specify Type) _____

_____ Student May Write Answers on
Exam

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.