



STUDENT SUCCESS CENTER

SHAWNEE COMMUNITY COLLEGE

TESTING

MAKE-UP TEST REQUEST FORM

TO BE COMPLETED BY INSTRUCTOR:

INSTRUCTOR: _____ CLASS: _____ SEMESTER: _____

STUDENT'S NAME: _____

TEST MUST BE TAKEN BY (*Date*): _____ ALLOTTED TIME: _____ HOURS _____ MINUTES

🐾 MATERIALS THE STUDENT **MAY** USE DURING THE TEST: (PLEASE LIST)

🐾 MATERIALS THE STUDENT **MAY NOT** USE DURING THE TEST: (PLEASE LIST)

🐾 SPECIAL INSTRUCTIONS FOR ADMINISTERING TEST:

TO BE COMPLETED BY STUDENT AT THE TIME OF TESTING:

Student, Please Note:

Cell phones and other electronic devices (e.g. earbuds, smartwatches, etc.) are prohibited at the time of testing. Your instructor will leave instructions indicating what materials/aids are permissible during your exam (e.g.: calculators, note cards, books, charts, etc.). If materials/aids are not listed, it is understood by the Testing staff that you are allowed the use of *NO* materials/aids through the duration of your exam.

Student MUST initial to indicate that they have read the statement above: _____

STUDENT SIGNATURE: _____ **ID #:** _____ **DATE:** _____

START TIME: _____ **FINISH TIME:** _____

TO BE COMPLETED BY THE STUDENT SUCCESS CENTER STAFF AT THE TIME OF TESTING:

ADMINISTRATOR'S DECISION TO STOP TEST: _____ TIME: _____

DATE ACTUALLY TAKEN: _____

METHOD OF CONTACT WITH INSTRUCTOR ABOUT THE INCIDENT: _____

INCIDENT REPORT ATTACHED: YES NO

STAFF SIGNATURE: _____

REVISED: 10/01/2019