REQUEST FOR MAKE-UP EXAM

*NOTE: Place the exam and the Request for Make-Up Testing form in an envelope, seal it, and sign over the seal. Attach the Routing Sheet for Make-Up Testing form to the outside of the envelope.

Appointments must be made prior to every exam. Students who require the Office of Disability accommodations must use ODS services. Please remind students that they MUST present a photo ID before testing. NO EXCEPTIONS.

Instructor Section:
Student’s Name: ___________________________  Student’s Phone: ___________________________
Instructor’s Name: ___________________________  Instructor’s Phone: ___________________________
Instructor’s Signature: ___________________________  Date Exam is to be taken: ___________________________
Course Name and Number: ___________________________  Instructor’s email address: ___________________________
Amount of time allowed: ___________________________ Student cannot have unlimited time.

The student’s exam will be collected at the end of test time. Testing must be completed in one test session.

Authorized Materials
Please check all that apply  Yes  No  Please check all that apply  Yes  No
Scantron supplied by the student  Open Book
Blue Book supplied by the student  Open Notes
Calculator
Type of calculator allowed:
Scratch paper
Additional notes:

Exam Delivery (check one)  Exam Return (check one)
The instructor will deliver the exam to Testing and Assessment Center Information desk  The instructor will pick up the exam at Testing and Assessment Center Information desk
The instructor will email the exam to Testing and Assessment Center at testing@sheltonstate.edu  Testing Center will mail the exam to instructor through Intercampus mail
__________________________ (provide name)  ______________ (provide name)
is designated to deliver exam to the Testing Center.  is designated to pick up exam from the Testing Center.

Email Notification after the exam is completed
Would you like a courtesy email notification when the student has completed the exam?  ____Yes  ____No
Email address: ___________________________ (SSCC email address only)

Exam Proctored by: ___________________________  Phone Number: ___________________________
Beginning Time: ___________________________  Ending Time: ___________________________

*If needed, envelopes may be picked up at the Testing and Assessment Center Information Desk.
Testing and Assessment Center
Shelton State Community College

ROUTING SHEET FOR MAKE-UP EXAM

*NOTE: Place the exam and the Request Form in an envelope, seal it, and sign over the seal. Attach the Routing Sheet for Make-Up Testing form to the outside of the envelope.

Date: ____________________

Student: ___________________________________________________

Student ID Number: ________________________________

Test Date and Time: ________________________________

Professor: _______________________________________

Course: _____________________________________________

Time Allotted for test: ________________________________

To be completed by testing center staff.

Each person handling the test must sign and date below:

<table>
<thead>
<tr>
<th>Received by</th>
<th>Date</th>
<th>Time</th>
<th>Delivered By</th>
<th>Date</th>
<th>Time</th>
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Exam Proctored by: ___________________________        Phone Number: _______________________

Beginning Time: ________________________________        Ending Time: _________________________

Phone Contacts for follow up and/or clarification purposes

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<tr>
<th>Date/Time</th>
<th>Person Contacted:</th>
<th>Contacted by:</th>
<th>Outcome/Reason for Contact</th>
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