

Estrella Mountain Community College
Math and Writing Center
Make-Up Test Form

Instructor: _____ Instructor Phone: _____

Course: _____ Section Number: _____

Materials provided with test (i.e.: Formula Page, Study Notes, Sample Tests, Video tape)

Please indicate date and time allowed to complete test.

From Date: _____ To Date: _____ Time Allowed: _____

Material Info: Please Check One.

	<u>Yes</u>	<u>No</u>	Number of Tests
Text Book	<input type="checkbox"/>	<input type="checkbox"/>	Left at MWC: _____
Notes/Homework	<input type="checkbox"/>	<input type="checkbox"/>	(If more than 5 exams are dropped off at MWC, be aware that the MWC can only accommodate 5 students per class at one time. The MWC can make arrangements to proctor an exam in your classroom. Contact Jacque Chisum, if needed.)
Calculator	<input type="checkbox"/>	<input type="checkbox"/>	
Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	
Thesaurus	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other/Special Instructions _____			

Students who may request this information from the MWC:

- Any
- Only Those Specified

Please turn off all Cellular Phones and No Talking during the exam.

Once the exam is started it must be completed (No breaks). If caught cheating, proper measures and procedures will be followed. Student ID must be provided to the MWC Staff in order to take the exam. ID will be returned upon completion of the exam.

Today's Date	Student Name	Social Security #	Time In	Time Out	Student/Tester's Initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date Sent to Faculty: