



Make-Up Testing Procedure Form

STUDENT NAME: _____

TEACHER NAME: _____

COURSE NAME: _____

TEST NAME: _____

TEST LIMIT: _____

EXTENDED TIME: _____ SPECIFY: _____

PAPER TEST/ ONLINE TEST: _____

ONLINE CODE (if applicable): _____

PLEASE CHECK THE FOLLOWING MATERIALS ALLOWED IN TESTING:

- Writing on test
- Student owned calculators
- Testing Center calculators
- Scratch Paper
- Open Book
- Open Notes
- Use of Enclosed Answer Forms

Further Instructions or Notes:

