DONNELLY COLLEGE

Make-Up Testing Request Form

*Students need to **make an appointment** to complete their test by emailing **testing@donnelly.edu**.*

Instructors attach this form to the test and place it in the box on the Testing Center door.

Student's Name: _____

Instructor's Name: _____   Class: _____

Date range allowed for student to take the test:

Beginning date: _____   End date: _____

Directions for Proctoring the Test

Time limit: _____

May write on test   ____ Yes ___ No

May use notes   ____ Yes ___ No

May use textbook   ____ Yes ___ No

May use calculator   ____ Yes ___ No

Accommodations or special instructions:

_____

_____

Routing of Completed Test

_____ Hold in Testing Center   _____ Put in mailbox   _____ Other _____