

# Make Up Testing Form

## Make Up Testing Guidelines

### Contact Info:

Testing & Evaluation  
Davie Campus  
Liberal Arts Building  
Room 243A  
Phone: 954.236.1220  
Email: [davietesting@fau.edu](mailto:davietesting@fau.edu)  
Website: [www.fau.edu/testing](http://www.fau.edu/testing)

### 1

**PLEASE NOTE:**

You and/or your staff are responsible for delivering and picking up tests. There is **NO EMAILING, FAXING, COPYING OR INTER-OFFICE MAILING** of exams due to confidentiality

### 2

Please do not ask students to make an appointment. Make up testing is done on a walk in basis.

**TESTING SCHEDULE:**

**Monday & Thursday**  
8:30AM-5:45PM  
**Tuesday & Wednesday**  
8:30AM-4:45PM  
**Friday**  
8:30AM-2:45PM

All testing must be completed 15 minutes before closing

### 3

Make up testing is for extenuating circumstances only. Space is limited to 6 exams per instructor.

### 4

Student names must be provided when dropping exams off. "Extra" exams will not be accepted. Students will be asked to show proper ID prior to testing.

### 5

Electronics of any kind are not allowed in the testing labs. The use of personal computers, tablets, cell phones, ect, to access e-books or online material is strictly prohibited

**Professor's Name** \_\_\_\_\_

**Date & Time Submitted** \_\_\_\_\_

**Contact Number / Email** \_\_\_\_\_

**College/Department** \_\_\_\_\_

**Course Name** \_\_\_\_\_

**Exam Name & Number** \_\_\_\_\_

**CHECK ALL THAT APPLY**

<input type="checkbox"/> Use Pink NCS Pearson Answer Sheet—Form#229633 (Testing Office Can Scan)	<input type="checkbox"/> Use Small Green Answer Sheet—Form #882 ES (Testing Office Cannot Scan)
<input type="checkbox"/> Calculator Allowed	<input type="checkbox"/> Scratch Paper Allowed
<input type="checkbox"/> May write on test	<input type="checkbox"/> Use Blue Book
<input type="checkbox"/> Notes Allowed *One page only front & back	<input type="checkbox"/> Formula Sheet Allowed
<input type="checkbox"/> May Use Book / Title _____ *Only 1 book allowed	
<input type="checkbox"/> Other (Please Specify) _____	

**Test may be taken through:** \_\_\_\_\_ **Time Allowed:** \_\_\_\_\_

Date \*Must be at least 30 Minutes

**STUDENT INFORMATION**

Student Name(s):	Date Picked Up	Picked Up By (Please Print)

LIST PERSON(S) AUTHORIZED TO PICK UP EXAMS

**\*\*Must show proper ID for pick up\*\***

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