MAKEUP TEST INSTRUCTIONS

Professor’s Name __________________________ Phone Number (____)__________________

Professor’s Email __________________________ TA Email ___________________________

College ___________________ Department _______________________

Course Name & Number _______________ Test Name & Number ______________________

Date Submitted _____ / _____ / ____ Time Submitted _____ : _____ AM / PM

Student Name(s): (Only six (6) students allowed per professor; EXTENUATING CIRCUMSTANCES ONLY)

1. __________________________ 4. __________________________
2. __________________________ 5. __________________________
3. __________________________ 6. __________________________

Time Allowed ___________________ Test may be taken through _______________________
(Must be AT LEAST 30 minutes) (Date)

PLEASE CHECK ALL BOXES THAT APPLY:

☐ Use Pink NCS Pearson/Answer Sheet-Form #229633
☐ Use Small Green Scantron/Answer Sheet – Form #882-ES
☐ Calculator Allowed ☐ May Write on Test ☐ Formula Sheet Allowed
☐ Scratch Paper Allowed ☐ Notes Allowed ☐ Use a Blue Book
☐ May Use Book(s) Title(s):_____________________________________________
☐ Other (Please Specify):______________________________________________

PLEASE NOTE:
1) You and/or your staff are responsible for delivering and picking up tests (There is NO FAXING, E-MAILING, OR MAILING of test due to confidentiality).
2) Please ask students to call to make an appointment.
3) All test-takers must provide photo identification in order to take their test.
4) Testing Schedules:
   Mondays and Thursday: Testing Starts at 8:30 am and ends at 6:00 pm
   Tuesday and Wednesday: Testing Starts at 8:30 am and ends at 5:00 pm
   Friday: Testing Starts at 8:30 am and ends at 3:00 pm

5) Periodically, Make-Up tests services are unavailable. Please refer to the website or contact the office of Testing & Evaluation for more information.

Testing and Evaluation
Liberal Arts Building, Room 243A
(Tel) 954-236-1220 (Fax) 954-236-1958
www.fau.edu/testing