

Three Rivers Community College

Make-up Test Services Request Form

Instructor's Information

Name: _____

Department: _____

I will pick up completed tests

Send test to me via interoffice mail

Test Information

Course Name: _____

Test Name: _____

Number of copies: _____

Time allowed: _____

Test Date: _____

Deadline for Test: _____

Student Name	Student ID #

Test Proctoring Instructions

Answer on: Blank paper Blue book Scantron Directly on test

Supplies allowed: Calculator Dictionary Thesaurus Scratch paper

Open book Open notes Note cards

Additional instructions:

Instructor's Signature: _____

Date: _____