

TASC MAKE-UP TEST SERVICES REQUEST FORM

INSTRUCTOR'S INFORMATION

Name: _____ Department: _____

I will pick up completed tests Send via Mail (Mohegan) Send via Mail (Thames)

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 Card

Additional instructions: _____

Instructor Signature: _____	Date: _____
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