

## **Make-Up Test Instruction Form**

MAKE-UP TESTS MUST BE SUBMITTED 2 BUSINESS DAYS IN ADVANCE												
CAMPUS		SOUTH CAMPUS			DOWNTOWN CAMPUS				CHATHAM CAMPUS			
Make up test times		Monday to Friday 3:00 pm - 9:00 pm			by appointment only				Monday to Friday 8:00 am – 4:00 pm			
Test Submission options		· · ·	thtesting@stclaircollege.c Room A2110		downtow	cclaircollege.ca cha		chathan	nathamtesting@stclaircollege.ca Room W1023			
Make-up tests for Accommodated Students must be submitted on the form provided to you via email from Student Services.												
	Student's LAST Name:			Student's FIRST Name:			Student Number:		er:	Course Code:		
	ORIGINAL TEST DATE:											
8	DATE Test to be written:			TIME	TIME Test to be written:				NGTH OF TIME:			
0	ANSWER SHEET required? AKINDI [ (must be supplied by faculty) or SCANTRON [										Yes	☐ No
TRUCT	CALCULATORS allowed?										Yes	☐ No
RL	OPEN BOOK test? ☐ (TEXTBOOK only) ☐ (NOTES only) ☐ (TEXT & NOTES)									$\downarrow \square$	Yes	☐ No
ST	DICTIONARY allowed?									1 <u> </u>	Yes	☐ No
INS.	OUTSIDE SOURCES allowed? (INTERNET/ONLINE SOURCES)										Yes	No
<u>×</u>	BATHROOM breaks?										Yes	☐ No
T B	FORMULA SHEET allowed?										Yes	☐ No
ОUТ	COMPUTER required? NAME of SOFTWARE required:										Yes	☐ No
ED C	<b>ON-LINE</b> test? Does the student submit solely on-line with no need to submit a hard copy test? If yes, any physical materials provided will be shredded. There will be no need to pick up/sign for test.										Yes	☐ No
FILLI	<b>2-PART TEST?</b> Is there an online and written portion of the test?										Yes	☐ No
	SPECIAL INSTRUCTIONS?										Yes	☐ No
O BE												
Т0	We need the following information in case we need to contact you for clarification of questions (will not be shared with students):											
	Classroom Number: Classroom Extension: Cellphone:							Je 51141		uu entsy.		
	Faculty Nam	e:										
	Faculty Signa	culty Signature:					Date:					
ш	Date:			TIME:	Started:		Allotment:		t: Completed:			
NSI	Room #:	Room #: Seat #		TIIVIE.								
	Student Signature: X											
OFFICE	Test Proctored By:			☐ Checked Ph			oto ID Make-up fee st			tatus: 🗆 Waived 🗅 Paid		
O	Proctor's Notes:											
FOR	Confirmation of Test Pick-Up (By Faculty)											
	Instructor's S	ignature:						Date:				