**Make-Up Testing Request Form**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date range allowed for student to take the test:

Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Date allowed to test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Students are responsible for scheduling their make-up test.***

* **Testing Center Hours**
  + Monday – 9:00am-12:00pm
  + Tuesday – 1:00pm-4:00pm
  + Wednesday – 9:00am-12:00pm
  + Thursday – 1:00pm-4:00pm
  + Friday – 9:00am- 12:00pm
* **Testing Center Location: Room 117**
* Testing during evening or other hours may be arranged only in advance by appointment.

Call Dr. Mary Pflanz at 913-621-8764 or email at [mpflanz@donnelly.edu](mailto:mpflanz@donnelly.edu).

**Directions for Monitoring the Test**

Time limit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May write on test \_\_\_\_\_\_ Yes \_\_\_\_\_ No

May use notes \_\_\_\_\_\_ Yes \_\_\_\_\_ No

May use textbook \_\_\_\_\_\_ Yes \_\_\_\_\_ No

May use calculator \_\_\_\_\_\_ Yes \_\_\_\_\_ No

Accommodations or special instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Routing of Completed Test**

\_\_\_\_\_ Hold in Testing Center \_\_\_\_\_ Put in mailbox \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_