

Instructor's Name _____ Course _____

Instructor's contact number (in case of questions) _____

Last date and time student may take this test _____ by _____ am/pm

Time started _____ Time Collected _____

Timed Yes No If yes, How Long _____

Mark items permitted: Notes Books Calculator

Special Instructions: Computer Cell Phone

Student's Name:

I acknowledge that I have read instructions and I have received this test in a "sealed" condition.

Student's Signature

Date: _____

Make-Up Test Procedures:

1. Fill out the above information requested.
2. Insert each individual test into a separate envelope.
3. Place a sticker/label over the flap in the back to seal the envelope.
Please do not moisten the envelope flap (we recycle).

Date Received:

All tests for the 'Special Needs Student' must be labeled with the correct time.

This test will be kept in the locked Make-Up Test File Cabinet in the instructors Folder. When you return to collect the completed test, it will have a new seal with the student's signature indicating the test was sealed before given to the proctor. The proctor's signature will also be on this seal.

If there are special instructions on what to do when the test is completed, please indicate remembering that NO STUDENT MAY TAKE THIS TEST ANYWHERE BUT THE TEACHING & LEARNING CENTER TESTING AREA.



BGSU Firelands

Teaching & Learning Center