Make-up Test Intake Form

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		]					
Today's Date:							
Instructor:			Ext:	0	ffice:		
Course Name:							
C(   (/ ) T  :	<b>-</b>						
Student(s) Taking	j lest: —————	<b>1</b>			]		
Dates test(s) can	be taken:						
May we administ	er the test <u>before</u> the	due date? [	□ Yes □	] No			
May we administ	er the test <u>after</u> the d	ue date? 🗆	Yes □ N	lo			
Time allotted for	testing in class:	hrs	m	nins			
Please check wh	ich materials student	(s) <u>may use</u>	during the te	est: □NON	<b>E</b> [	□Dictionary	□Thesaurus
☐ Textbook(s)	□Notes □No	ote Card(s)	□Conver	sion Sheet	□Scra	atch Paper	
☐ Calculator (Any	) □Graphing Calc	□Four	-Function Ca	lc □Other	(specify)		
May student(s) w	rite on the test? □Y	′es □No	)				
How will students	s record their answe	s?					
☐ On-line Test	□Paper Test		cantron	□Blue Bo	ok	□Notebo	ook Paper
☐Word Processi	ng/Printout [	☐Other (spec	ify)				
Special instruction	ons:						
Return Instructions:	☐ Do not notify. Instru	ıctor will pick up					
☐ Email Notification C	)nly						