

Make-Up Test Instruction Form

| MAKE-UP TESTS MUST BE SUBMITTED 2 BUSINESS DAYS IN ADVANCE \$25.00 MAKE-UP FEE APPLIES | | | | | | | | | | | | |
|--|--|--|------------|-----------------------|--------------------------|---------------------------|------------------|----------------|---------------------------------------|---|------|--|
| CAMPUS | | SOUTH CAMPUS | | | | CAMPUS | | CHATHAM CAMPUS | | | | |
| Make up test times | | Monday to Friday 3:00 pm - 9:00 pm | | | by appointme | | ent only | | Monday to Friday 8:00 am – 4:00 pm | | | |
| | Submission options | southtesting@stclaircollege.ca Rm A2110 | | | dow | ntowntesting@st Rm R10 | | | chathar | amtesting@stclaircollege.ca Room 133 | | |
| 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: | | Name: | Student Numbe | | er: | Course Code: | | |
| | ORIGINAL TEST DATE: | | | | | | | | | | | |
| R | DATE Test to be written: | | | TIME | TIME Test to be written: | | | LEN | NGTH OF TIME: | | | |
| 0 | ANSWER SHEET required? AKINDI [(must be supplied by faculty) or SCANTRON [| | | | | | | | | Yes | ☐ No | |
| JCT | CALCULATORS allowed? | | | | | | | | | Yes | ☐ No | |
| INSTRU | OPEN BOOK test? ☐ (TEXTBOOK only) ☐ (NOTES only) ☐ (TEXT & NOTES) | | | | | | | | | Yes | ☐ No | |
| ST | DICTIONARY allowed? | | | | | | | | | ☐ Yes | ☐ No | |
| | OUTSIDE SOURCES allowed? (INTERNET/ONLINE SOURCES) | | | | | | | | | Yes | No | |
| ВУ | BATHROOM breaks? | | | | | | | | | Yes | ☐ No | |
| | FORMULA SHEET allowed? | | | | | | | | | ☐ Yes | ☐ No | |
| UT | COMPUTER required? NAME of SOFTWARE required: | | | | | | | | | Yes | ☐ No | |
| ED O | ON-LINE 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 | |
| | 2-PART TEST? Is there an online and written portion of the test? | | | | | | | | | ☐ Yes | ☐ No | |
| 표 | SPECIAL INS | SPECIAL INSTRUCTIONS? | | | | | | | | | ☐ No | |
| TO BE | | | | | | | | | | | | |
| - | 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: | | | | | | | | | · | | |
| | Faculty Nam | ne: | | | | | T | | | | | |
| | Faculty Signature: | | | Date: | | | | | | | | |
| Ē | Date: | | | TIME: | Started: | | Allotment | | t: | Completed: | | |
| USI | Room #: Seat # | | t : | 1111121 | | | | | | | | |
| | Student Signature: | | | <u>-</u> | | | | | | | | |
| OFFICE | Test Proctore | est Proctored By: | | | ☐ Checked Pho | | to ID Make-up fe | | -up fee st | e status: 🔲 Waived 🔲 Paid | | |
| OF | Proctor's Notes: | | | | | | | | | | | |
| FOR | Confirmation of Test Pick-Up (By Faculty) | | | | | | | | | | | |
| 4 | Instructor's S | ignature: | | | | | | Date: | | | | |