

**Office Use:**

Desk: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Completion Time: \_\_\_\_\_

Test Taken: \_\_\_\_\_ Scratch Paper Given: \_\_\_\_\_ Test Not Taken – Returned: \_\_\_\_\_



### Make-Up Testing Authorization Form

**Student's Name:** \_\_\_\_\_ **Course:** \_\_\_\_\_  
(Please print.) last name first name

**Time Limit:**  50 min.  1 hour  80 min.  90 min.  2 hours  3 hours  Other: \_\_\_\_\_

**Last date test may be taken:** \_\_\_\_\_

**MATERIALS THE STUDENT MAY USE:** (If none allowed, please indicate.)  **NO MATERIALS ALLOWED**

TEXTBOOKS  DICTIONARY  CALCULATOR:  graphing  non-graphing

NOTES:  ANY  1 page  2 pages (i.e. 1 sheet double-sided)  Note card

Computer  Student's own laptop permitted  Cell phone app permitted

- |                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | <b>No Restroom Breaks</b> |
| <input type="checkbox"/> | <b>No Beverages</b>       |
| <input type="checkbox"/> | <b>No Scratch Paper</b>   |
| <input type="checkbox"/> | <b>No Hats</b>            |
| <input type="checkbox"/> | <b>No Watches</b>         |

**OTHER INSTRUCTIONS OR MATERIALS:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
(Please print)

**Mailbox:**  A 2505  P 2822  F 1262  C 2152  C 3111  L 1763  S 2356

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