

CLASSROOM MAKEUP & ONLINE/HYBRID TESTING REQUEST FORM

Instructor's Name: _____ Class: _____ Test: _____
Last First

Date: _____

Instructions for Faculty:

Phone: _____

FACULTY NAME, CLASS, AND TEST# SHOULD APPEAR ON EACH TEST
 COMPLETE AND ATTACH THIS FORM TO TESTS AND SEND TO TESTING SITE(S)
 FORM AND TESTS MUST BE **RECEIVED** AT LEAST **24 HRS PRIOR** TO 1ST DAY TO TAKE THE TEST OR THE 1ST DAY OF FINALS WEEK

Test Type (Check all that apply)

Online/Hybrid

Makeup Testing

Accomm Test

Retest

(Retesting only with Div. Dean signature approval.)

 Division Dean Signature

- No retests may be submitted the 7th week, 8th week, or last two weeks of the semester.
- Seating is limited: Prescott 17 seats, Verde 21 seats.

For Test Return

Mail to me: I Will Pick up:
 Address/ _____ On(date) _____
 YC Box _____
 On(date) _____

Note: All tests remaining after the last day of the semester will be inter-officed to the YC Box # you have listed above unless other arrangements are made by contacting Testing Services, Ext 2200, testing@yc.edu.

REMINDE STUDENTS PHOTO ID IS REQUIRED FOR ALL TESTING

Instructions for Students:

Students May Use

Calculator *Highest* _____

Notes *Specify* _____

Other Aids *Specify* _____

Dictionary *Specify* _____

Textbooks *Specify* _____

Mark Answers _____ Time Limitations _____

On test Time allowed for test _____

On scantron Last day to take test _____

Special Instructions _____

<CANVAS TEST ACCESS CODE>: _____

May this test be copied for students not on the list? Yes No

| List Stu Name(s) or attach List: | TimeAllowed | LastDay | Attd |
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| TESTS DROPPED OFF/MAILED | # of Tests | Date | Initials | | Comments |
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