



COVER FORM FOR MAKE-UP TESTS

Date of Make-Up: _____

Name of Student: _____

Student Number: _____

Student Email: _____

Name of Instructor: _____

Course Number & Section: _____

Number of Hours: _____

Please check if applicable:

- Scantron
- Small Exam Booklet (8 pages)
- Large Exam Booklet (20 pages)

Student Allowed:

- Calculator
- Other _____