

# Make-Up Test

Proctored By:

Date Taken:

Start Time

End Time

Testing Proctor Use Only

Student Name:

Faculty Name:

Office Number:

Course:

Test/Quiz # or Name:

Date Given:

Date Expired:  *If no expiration date, test will remain in Testing through the final week of classes.*

**Restrictions:** Indicate all listed in addition to any you might have.

### Time:

*If no time listed 50 minutes default*

Time Allowed

### Format:

No GradeMaster

GradeMaster

### Materials Permitted:

Writing Instrument Only

Calculator

Open Book/Notes

Scrap Paper (Return with Test)

Other (Please Specify)

### Special Instructions:

Academic Resource Center

# Testing

Faculty: Please complete and attach **one form per test for each student**. All tests will be returned to your credenza.

Questions? Contact [arctesting@bju.edu](mailto:arctesting@bju.edu) or ext. 8200

Attach test and submit to Academic Resource Center Testing, Alumni 206.