TO: Kaley Smitley-Harris / Testing Center

FROM: __________________  OFFICE/BUILDING: __________  EXTENSION: ________________

DATE TEST SENT: ______________  COURSE: __________________________________________

MAKE-UP TEST DATE:

_____ Student must take the exam _______________________ (time/date).

_____ Student may take the exam any time the Testing Center is open on a walk-in basis not to exceed:

______________________________ (time/date).

PLEASE NOTE: The Testing Center will firmly honor your deadline unless we hear from you by email or phone. Please do not send word with a student regarding deadline changes.

NAME OF STUDENT(S):

__________________________________________________________________________

REGULAR CLASS TIME allowed for test: (check one)  [ ] 50 min.  [ ] 75 min.  [ ] Other ______

SAS will determine the total testing time based on the individual student’s accommodations.

AIDS PERMITTED: Please check all aids allowed for this exam:

_____ calculator (circle type)  basic/scientific/graphing  _____ scrap paper (provided, not provided)

_____ textbook  _____ notes  _____ charts, graphs, tables  _____ other (please explain)

EXTRA TESTS: I have included ______ extra tests for any student not listed by name.

COMPLETED TEST INSTRUCTIONS:

_____ SCAN and SHRED test (tests will be held for a brief security period)

_____ SCAN and HOLD test for me to pick up

OTHER SPECIAL INSTRUCTIONS: __________________________________________________

TESTING CENTER HOURS

Summer 2022

May 23 - Aug. 5
Monday: 9 a.m. - 6:45 p.m.
Tuesday - Thursday: 9 a.m. - 4:45 p.m.
Friday: 9 a.m. - 11:45 a.m.

Closed May 30, June 20 and July 4.

Aug. 8 - 24
Monday - Tuesday: 9 a.m. - 6:45 p.m.
Wednesday - Thursday: 9 a.m. - 4:45 p.m.
Friday: 9 a.m. - 3 p.m.