CCU Make-up Test Form
COASTAL CAROLINA UNIVERSITY
Academic Testing Center

Forms only accepted from faculty member by drop-off to CSCC 102 or by email to academictesting@coastal.edu
Make-up tests will only be processed once both the request and the test have been received by the ATC

ATTENTION INSTRUCTORS:

If your student is approved for accommodations, DO NOT use this form!
Contact the Accessibility and Disability Services Testing Center.

STUDENT NAME	CCU USERNAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COURSE _____

TEST DATES:

Start:_____ End:_____
Exams must be available the complete testing day.
We are not able to limit times, only dates.

TIME ALLOWED: _____minutes

SUPPLEMENTS ALLOWED:

☐ Calculator
  ***If type restricted, please specify in "Other" below

☐ Center Supplied Scratch Paper
  ***All scratch paper is collected. Would you like it:
  ☐ Retained with exam ☐ Shredded

☐ Notes/Notecard:_____
  ☐ Collect with exam
  ☐ Copy, notes/notecard returned to student
  ☐ None, student leaves with notes/notecard

☐ Other (password, instructions, etc.): _____

TEST FORMAT:

☐ Moodle
☐ Lockdown
☐ Paper/Pencil

TEST RETURN:

☐ N/A - Moodle
☐ Email
☐ Instructor Pick-up *(ID required)*

INSTRUCTOR INFORMATION:

NAME: _____

EMAIL: _____

PHONE: _____(OFFICE/CELL)

If needed, what is the quickest/best manner to contact you regarding an issue with the test?

☐ **EMAIL**   ☐ **PHONE**

ALTERNATE CONTACT PERSON (if applicable):

ATC OFFICE USE ONLY

ID: _____ DATE/TIME: _____ START/STOP: _____/_____

PROCTOR NOTES:

RECEIVED/PROCESSED:_____/_____   RETURNED:_____BY:_____