

Academic Support Center Make-up Exam Submission Form

If your student has a testing accommodation approved by Disability Support Services, test proctoring is **required** through their office (304-876-5122).

Testing Policy

- 1. Completion of this form is required for *each* student and *each* exam.**
- 2. Testing time M-F 8:30am-3:30pm.**
- 3. Shepherd ID cards are required during testing for verification of students' identity.**

Student _____ Professor _____

Course/Subject _____ Phone number we can contact you _____

Student has ____ hrs/ ____ min to complete the exam. **Complete** exam by _____

Reason for Exam Make-up:

- Athletic Event Conflict
- Class Conflict (Eg. Field Trip or other) Course and Instructor of conflicting class _____
- Illness
- Personal or Family Emergency
- Other _____

Student has permission to utilize the following:

- Calculator
- Textbook
- Class notes / Handouts
- Other (please explain) _____

Will the student require a scantron or green-book? (if applicable)

- I will include it with the exam
- Student is responsible for bringing it to the exam

Additional Proctoring Instructions:

I approve allowing this student to take a make-up exam with the ASC:

Instructor Signature

Date

I will abide by the Shepherd University Code of Conduct and agree that I will not receive any unauthorized assistance. I understand cell phones are never permitted during testing.

Student Signature and Date