

<b>Staff Use Only</b>
Staff's Initial's Intake: _____
Staff's Date Intake: _____
Staff's Initials: _____

## TESTING SERVICES FACULTY MAKE-UP FORM

**Notes for Faculty**

1. Faculty must communicate that students **must** show valid Photo ID.
2. Copies of reference tables from textbooks must be provided if needed.
3. All tests must be picked up at the end of the semester or all exams will be mailed to the department secretary.
4. Photo ID is required to pick-up tests.
5. By filling out this form, you have read and agreed to the above responsibilities.

### REQUIRED FACULTY INFORMATION

Instructor: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last Name First Name

Proxy Name: \_\_\_\_\_ Department Secretary  
(A person who can collect tests other than instructor)

### COMPLETE TEST INFORMATION

\_\_\_\_\_ Hour(s): \_\_\_\_\_ Minutes: \_\_\_\_\_  
 (Date test given to Testing Services) Last Day test can be taken (Time allowed to take the test)

\_\_\_\_\_ Test Number/Name \_\_\_\_\_  
 Class Name (ENG101, SPA101, etc.) Number of tests you are leaving

### COMPLETE TESTING INSTRUCTIONS FOR STUDENTS

Instructor provide scantron	Yes	No	Can use dictionary	Yes	No	Paper - digital - both
Student provides scantron	Yes	No	Can use calculator	Yes	No	Basic/non-programmable/scientific
Open book test	Yes	No	Can use notes	Yes	No	Size: _____
Can use scratch paper	Yes	No	Any student may take the test	Yes	No	
Write on test	Yes	No	Only students listed may take the test	Yes	No	

**No personal electronic devices (cell phones, IPADS, laptops, flash drives, etc.) are permitted in Testing. Only college computers may be used.**

Special instructions: \_\_\_\_\_

List Students Names to take Tests	Instructor's Initials & Date Required to Pick-up Exam
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Last Name	First Name	Date Tested	Pick up Date	Instructor's Initials
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Additional space on the other side

List Students Names to take Tests	Instructor's Initials & Date Required to Pick-up Exam
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<u>Last Name</u>	<u>First Name</u>	<u>Date Tested</u>	<u>Pick up Date</u>	<u>Instructor's Initials</u>
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____

For Official Use Only		
Date exam left at TS:	Semester:	Date exam returned:
Tests shredded	Staff Initials:	