

Date:  
Start Time:

# MAKEUP TEST COVER SHEET

TEST # \_\_\_\_\_

CHAPTERS \_\_\_\_\_  
(optional)

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Course

\_\_\_\_\_  
Professor

\_\_\_\_\_  
Start date

\_\_\_\_\_  
Stop date

**ANSWER DOCUMENT:**

- \_\_\_ Scantron
- \_\_\_ Bluebook
- \_\_\_ Test Booklet
- \_\_\_ Canvas/ExamSoft/Other

**MATERIALS ALLOWED:**

For test security reasons, students may not have additional scratch paper. Please provide ample room on the test for scratch work.

- \_\_\_ Textbook
- \_\_\_ Dictionary
- \_\_\_ Calculator
- \_\_\_ Notes
- \_\_\_ Handouts
- \_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_

**TIME ALLOWED:**

Student must have at least \_\_\_\_\_ hour(s) available to take this test (1 hr. minimum) and may not have more than \_\_\_\_\_ hour(s).

**COMMENTS/INSTRUCTIONS:**

- Please make copies of this form as needed on white paper.
- Complete and attach one form to each test booklet brought to the Testing Center.
- Please bring test copies at least one day prior to the test start date.
- For students w/an accommodation of READER: In addition to the paper copy, an electronic copy of the test must be sent as an attachment to [hodgej@grayson.edu](mailto:hodgej@grayson.edu) for testing at the Main Campus or [khalafm@grayson.edu](mailto:khalafm@grayson.edu) for testing at the South Campus. (Word .doc or .docx works best w/screen reader.)