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**Make-up and Accommodations Test Instruction Form**

**Located in the ASC in the Kathleen Ross Center**

**Contact: Irma DePrieto, Director of Testing Center, (509) 865-8537**

 **TestingCenter@heritage.edu**

**Instructor:** Please fill out this form and submit it to the Testing Center in person or by e-mail. One form for each exam is required. Tests will not be administered after the deadline date. All exam materials will be returned to the instructor a week after the deadline date. The student must schedule make-up or accommodated exams with the Testing Center within the time frame specified by the instructor. This service is offered on Fridays 8:30 am to 6:00 pm. The Testing Center will consider alternative days/times as time and space allows.

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| **Course and Instructor Information****Instructor Name:** Click here to enter text.**Course Name:** Click here to enter text.**Semester:** Click to select. | **Email:** Click here to enter text.**Course/Section #:** Click here to enter text. |
| **Testing Instructions****Time Limit:** Click here to enter text.**Begin offering Test:** Click to enter a date.**Stop offering Test:** Click to enter a date.**Return completed test via:** Enter Street Address here  City, State Zip Code  | **Students can use:**Books [ ] Calculator [ ] Internet [ ] E-Book [ ] Notes [ ] Other: Click here to enter text.Limitations: |
| **Additional Comments/Instructions:**  |
| **Test Type**[ ] Make up Quiz/Exam[ ] Regular Quiz/Exam[ ] Final Exam | [ ] IWA [ ] Online Quiz/Exam[ ] Other |

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| **Instructor:** Please list students expected to take the make-up or accommodated exam in the student name column. Leave other fields blank for Testing Center staff use. |
| Student Name | Student Signature | Date | Started at: | Turned in at: | Signed in by: | Signed out by: | ID Verified |
| Enter student name here |  |  |  |  |  |  |  |
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Instructor Pick up:

Instructor Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Testing Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_