

Center for Academic Success Make-Up Testing Form

Instructor: _____

Adjunct

Phone Number: _____

Course: _____ Exam #: _____

Date Test Received: _____

Test must be completed by _____
Date Time

Time Limit: _____

Please attach a list of students from your class who have your permission to make up this exam in the CAS testing area. Students whose names do not appear on this list will not be administered an exam.

Students are required to show a photo ID

Student May Use:

- Testing area calculator TI-30X, TI-84, TI-89 No _____
- Their own calculator Yes _____ No _____
- Lecture Notes Yes _____ No _____
- Textbooks Yes _____ No _____
- Other materials _____

Special Instructions:

Scantron Required? Yes _____ No _____

How would you like the test returned to you? Mail test to me / I will pick up test / Email test to me

(The testing area is not responsible for the security of any tests in cases where the instructor has allowed the students to return the test themselves.)

CAS Testing Area Hours

Monday through Wednesday: 9:00am to 6:00pm

Thursday: 10:00 a.m. to 7:00 p.m.

Friday: 8:30am to 4:00pm (Fall & Spring)

Closed Friday during Summer Closed weekends

All tests must be completed by closing times!

Contact Information:

Email: castesting@lcc.edu

Voice: 217-786-2376