MAKE-UP TEST COVER SHEET
INSTRUCTORS: PLEASE ATTACH TO THE FRONT OF EACH MAKE-UP TEST

Student’s Name: ________________________________
Instructor’s Name: ________________________________
Course: ________________________________________
Test Name or #: ________________________________________
Time Limit: ________________________________________

Please indicate with an “X” items the student may use during the test (no other items allowed):

△ DICTIONARY  △ CALCULATOR  △ NOTES
△ TEXTBOOK  △ RULER  △ OTHER

Special Instructions: ________________________________________

Last Day to Proctor Test: ________________________________