Hawaii Community College

Make-Up/Accommodations Testing Request Form

Student Name: _____ Student Email/UH Username: _____

Instructor Name:_____Course Alpha and Number: _____

Instructor Phone Number: _____Instructor Email: _____

Instructor to Complete:

Title of Test: _____ Date(s) test may be administered: _____

Location of Exam: TLC Manono 387-101

Type of Test:

☐ Make Up ☐ Accommodations

Time Allotted: (____hr ____min)

Completed Tests Collection:

☐ **Physical Pick-up**

☐ **UH File-Drop**

Accommodation Required:

☐ Extended Time (x _____) = Total Time: ____hr ____min

☐ Reduced Distraction

☐ Other (Specify: _____)

Resources/Materials:

Open Book: ☐ Yes ☐ No

Open Notes: ☐ Yes ☐ No

Scratch Paper Allowed: ☐ Yes ☐ No

Scratch Paper USED: ☐ Attached to Test ☐ Shred

Equipment/Aids Students May Use: (Please be specific; only items listed here will be allowed. (i.e. dictionary, calculator, etc.))

Additional Comments/Instructions: _____

_____

_____

Students must provide a valid photo I.D. at check in
NO CELL PHONES/APPLE WATCHES ARE ALLOWED DURING TEST TAKING (unless authorized by instructor)

For Office Use:

Time Started: _____ Time Finished: _____

Date Test Received: _____

Date Test Completed: _____

Date Test Picked-up/File-dropped: _____