

Instructor's Name

# MAKE-UP TEST

DAVENPORT UNIVERSITY

Instructor will be e-mailed upon completion of the test.



Student's Name

### DIRECTIONS:

### ALLOWED: (CIRCLE ALL THAT APPLY)

TEST TIMED? YES NO

NOTES COMPUTER (LIST RESTRICTIONS BELOW)

IF YES, TIME LIMIT

TEXTBOOK DICTIONARY CALCULATOR

DATE DROPPED OFF / /

THESAURUS SCRAP PAPER OTHER ▼

LAST DATE TO COMPLETE / /

Tests may only be taken when the testing center is open.

May the student leave for work or class and return to finish the test later?

YES NO

**FINAL EXAM:** Please write the reason it is being taken in the testing center.

DATE COMPLETED / /

Initials of Proctor: