ANOKA-RAMSEY
COMMUNITY COLLEGE

Make-Up & Alternative Testing Instructions

_____
Student's Name

_____
Instructor's Name

_____
Class Name **Section #** **Exam #**

INSTRUCTOR: Please complete this card, attach it to the test, and deliver to the testing center before:

_____ **(Time)** on _____ **(Day/Date)**.

Specify amount of time allotted for this test: _____
Time allowed for <u>Alternative Testing</u>: _____

Additional Sources Allowed for test:

Notebook _____ Calculator _____
Textbook _____ Notecard(s) _____
Other: _____

_____

The completed test will be hand delivered to your mailbox within 24 hours.

_____
Instructor's Signature Mailbox Location Phone

****

STUDENT: *Please deliver this form to your instructor immediately so that he/she is aware of your testing appointment. If you fail to provide this information to your instructor in a timely manner, your test may not be available at the time of your scheduled appointment, and you may be required to reschedule.*

PHOTO IDENTIFICATION IS REQUIRED AT THE TIME OF TESTING.

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