



DONNELLY COLLEGE

Make-Up Testing Request Form

Student's Name: _____

Instructor's Name: _____ **Class:** _____

Date range allowed for student to take the test:

Beginning Date: _____ **Last Date allowed to test:** _____

Scheduling of Test is the responsibility of the student

- Testing Center Hours
 - Monday 9 – 11 & 12 – 4:00
 - Tuesday 1 - 4
 - Wednesday 12 – 4
 - Thursday 1 - 4
 - Friday 9 – 12
- Testing during evening or other hours may be arranged only in advance by appointment. Call Yvonne Telep at 913-621-8732 or Alex Johnson at 913-621-8734, or email testing@donnelly.edu.

Directions for Monitoring the Test

Time Limit: _____

May Write on Test? _____ **Yes** _____ **No**

May Use Notes? _____ **Yes** _____ **No**

May Use Textbook? _____ **Yes** _____ **No**

May Use Calculator? _____ **Yes** _____ **No**

Accommodations or Special Instructions:

Routing of Completed Test

_____ **Hold in Testing Center** _____ **Put in Mailbox** _____ **Other?** _____

Thank you! For questions or concerns, email or call Yvonne Telep
ytelep@donnelly.edu or 913-621-8732