

Academic Support Center Make-up Exam Submission Form

If your student has a testing accommodation approved by Disability Support Services, test proctoring is **required** through their office (304-876-5122).

**Testing Policy**

- 1. Completion of this form is required for each student and each exam.**
- 2. Testing time M-F 8:30am-3:30pm.**
- 3. Shepherd ID cards are required during testing for verification of students' identity.**

Student \_\_\_\_\_ Professor \_\_\_\_\_

Course/Subject \_\_\_\_\_ Phone number we can contact you \_\_\_\_\_

Student has \_\_\_\_\_ mins/hrs to complete the exam. **Complete** exam by \_\_\_\_\_

**Reason for Exam Make-up:**

- Athletic Event Conflict
- Class Conflict (Eg. Field Trip or other) Course and Instructor of conflicting class \_\_\_\_\_
- Illness
- Personal or Family Emergency
- Other \_\_\_\_\_

**Student has permission to utilize the following:**

- Calculator     Textbook     Class notes / Handouts     Other (please explain) \_\_\_\_\_

**Will the student require a scantron or green-book? (if applicable)**

- I will include it with the exam     Student is responsible for bringing it to the exam

**Additional Proctoring Instructions:**

*I approve allowing this student to take a make-up exam with the ASC:*

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

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**I will abide by the Shepherd University Code of Conduct and agree that I will not receive any unauthorized assistance. I understand cell phones are never permitted during testing.**

\_\_\_\_\_  
**Student Signature and Date**