

Start Time:
End Time:
Date:
<i>For Office Use Only</i>

SUNY SCHENECTADY
Testing Center
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MAKE-UP EXAM COVERSHEET

Student Name:

Today's Date:

Instructor / Course Name:

Time Allotted for Exam:

Exam no longer valid after (date):

Please check all items that apply so the Testing Center can proctor the exam accurately:

<input type="checkbox"/> Open Book	<input type="checkbox"/> Closed Book
<input type="checkbox"/> Online resources allowed	
<input type="checkbox"/> Calculator	<input type="checkbox"/> No Calculator
<input type="checkbox"/> Notes Allowed	<input type="checkbox"/> No Notes
<input type="checkbox"/> Brightspace allowed	
<input type="checkbox"/> Scantron: please provide	

Special Instructions:

Exam no longer valid after: