

Start Time: _____
End Time: _____
Date: _____
**For Testing Center use*

SUNY SCHEENECTADY



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MAKE-UP EXAM COVERSHEET

Student Name: _____

Date: _____

Instructor: _____

Course: _____

Time allotted for exam: _____

Exam no longer valid after (date) _____

Please circle items that apply:

Open Book -- CLOSED Book



Online resources: YES / NO

Calculator -- NO Calculator

Notes --- NO Notes



Brightspace/Online notes: YES / NO

Scantron (*if Yes, please provide*)

Bathroom Breaks Allowed: YES / NO

Special instructions:

***Attach this form to each test. Please do not submit one form for multiple exams.**