Make-Up/Proctoring Test Form
Academic Support Center (ASC) - Desired Testing Conditions

Instructor Name:_____________________________ Date:________________________

Course Name:_________________________ Student’s Name:______________________

(If more than one student, please provide a student list)

If Online Exam, Password for Exam:_____________________________
(If multiple passwords, please provide list along with proctoring form).

Testing Dates: ( )No ( )Yes From:________________ To:________________

Time Limit: ( )No ( )Yes How Long:_____________________________

Calculator: ( )No ( )Yes What Type:_____________________________

Notes Allowed: ( )No ( )Yes If Yes, What Type?________________________

Type of Exam: ( )On-Line ( )Paper ( )Scantron Required?

May students leave the room after beginning the test? ( )No ( )Yes

Contact information:____________________________________________________________________

Additional Comments:____________________________________________________________________

__________________________________________________________________________________

**NOTE** Instructors are responsible for dropping off and for picking up tests from the ASC unless otherwise indicated. Please be sure to have enough copies of tests for students taking the test. The ASC is not responsible for making copies. Please notify students they will need a picture I.D. Please instruct all students to make an appointment for testing. If there are any students who need to complete an exam after the due date, the ASC staff will need notification from the instructor.

ASC Contacts:

If you are emailing exams or this Make Up/Test Proctoring Form, please send it to: asctestproctors@midmich.edu

If you have any questions or concerns, please contact:

Harrison: Becky Knickmeier – ext. 638 rknickmeier@midmich.edu
Mt. Pleasant: Corey Goethe – ext 287 cgoethe@midmich.edu