



Make-Up Exam Request

Class: _____ Instructor: _____

Step 1 & 2: STUDENT schedules an "other test" appointment through the Skyline- Placement Test Appt on Websmart (each testing appointment is on a 2-hour increment) AND completes/forwards this form to his/her instructor.

Testing Policies and Guidelines, I...

- will submit the proctor request at least **three (3)** academic days prior to my testing appointment;
- understand that the testing center does not guarantee proctoring services, availability of service is based on the testing schedule;
- will **NOT** be excused from the testing environment once testing has begun without prior arrangements of monitored breaks;
- understand that if I arrive LATE, I may lose the full time allotted for the test and may need to reschedule for another exam time;
- understand that if there are any indications on a student-carried exam has been tampered, the testing session will **NOT** proceed
- understand that my instructor will be NOTIFIED if caught cheating, unauthorized use of notes, books, electronic tools or other improper behaviors are observed during the examination. If such behaviors are noted, proctoring services may be terminated for the rest of the semester, and in the case of final exam, for the following semester.

To be completed by student

Testing Appointment Scheduled

Date: _____ time: _____

Student Name: _____

Student G#: _____

Contact No. _____

I have read and agree to abide to the testing policies and guidelines. Failure to comply, including the timelines, may result in termination of the service.

Student signature: _____

***Photo ID info:**

Step 3 & 4: INSTRUCTOR provides instructions below AND forwards exam to the Assessment Center at least three (3) days prior to the scheduled appointment above.

Type of Exam: paper/pencil online Time limit: _____ (2-hr testing session per appt.)

Delivery of Test

- o I will drop off the exam at the Assessment Center dropbox located at Bldg. 2, room 2116
- o I will forward the exam through intradepartment mail to the Assessment Center
- o I will email the exam & this form to: skyassessment@smccd.edu (if less than 3 pages)
- o I will instruct the student to bring exam package in a sealed & signed envelope

Materials Allowed: open book open notes calculator type: _____
 scratch paper dictionary/ thesaurus other: _____

Additional Special Instructions: _____

Return of Test

- o I will pick up the completed exam on _____ (date/time)
- o I would like the exam scanned/email to: _____
- o I would like the exam forwarded to me at facsimile number: _____
- o I would like the exam returned by Intradep mail to: _____
- o I would like the test taker to hand-deliver the completed exam package to me in a sealed/ signed/ dated envelope to: _____
 class my office at: _____ other: _____

Step 5: Assessment Center administers exams

- verify student identity,
- maintain security and integrity of exam,
- returns exam per method outlined by Instructor

Completion: Student verification: _____

To be completed by Assessment Center Staff

Date: _____ time limit: _____

Start: _____ End: _____