

OFFICE USE: Received: ___ / ___ / ___ Proctor initials: _____ Log # _____

Kankakee Community College Make-up Testing Request for KCC Testing Center

This request must accompany test materials.

Testing center does not administer proficiency exams or accept/distribute homework.

Accommodation requested Extended time Scribe None Test reader: _____

If accommodations are requested, please deliver the test to the center 3 days in advance to prepare for audio and scribe accommodation.

PLEASE PRINT LEGIBLY. PHOTO ID AND STUDENT ID REQUIRED FOR TESTING.

Student name: _____ Course no.: _____

Student ID (7 digits): _____ LAST FIRST MIDDLE (FULL) Date: ___ / ___ / ___

Instructor: _____ Alternate email (optional): _____

Deliver to: L355 Or W102

Please give the test proctor specific instructions for this exam quiz

Needs to be completed by: ___ / ___ / ___

Length of time allowed in classroom: _____

Extended time on exams: Y N Amount: 50% Double Other _____

Notes allowed	Y	N	Breaks	Y	N
Calculator allowed	Y	N	Use Scantron sheet	Y	N
Open Book	Y	N	Answers directly on test	Y	N
Use of dictionary	Y	N	May write on test	Y	N

ONLINE VERIFICATION-REQUIRED

- Is this test delivered through the Online Learning Management System? Yes No
- I have verified online settings for this test's availability to the student(s)(Published, Available From and Until dates, attempts remaining): Yes
- Should the test not be available due to an online setting, I consent to online help staff modifying the settings as necessary to allow access*: Yes
- Password (access code) for online test (if one was used): _____
- If online help staff modifies a setting in your course, it will be documented and you will be contacted.

Details on above checklist or additional instructions: _____

OFFICE USE: Expired returned on: ___ / ___ / ___

Date taken: ___ / ___ / ___ Proctor: _____ Seated at: _____

Test start time: _____ Maximum end time: _____ Actual end time: _____

Completed email sent date: ___ / ___ / ___ Proctor: _____

*Expired test may not be graded by instructor.

Student signature: _____ Date: _____

Student advised testing center closes at: _____ Initials: _____

Received by: _____ Date: _____