Course Make-Up Testing
REQUEST FORM

Date this Request was Submitted ____________ Delivered: ☐ In Person ☐ Inner-Office Mail

Student Name ____________________ Course Name/Number ____________________

Faculty Name ____________________ Inner-Office Mail Address ____________________

Faculty Phone(s): ____________________ Faculty E-Mail Address ____________________

Check the Requested Location for Test Administration: ☐ Newtown ☐ Bristol ☐ UCC

Test Administration Duration of Testing Session ____________________

Last Date for the Administration of this Test ____________________

Specific Instructions or Restrictions for the Paper & Pencil Test Delivery (continue on reverse side if necessary)

Materials to be Returned Check one: ☐ Pick-up (at Newtown Test Center only – RC-100)

Note other return Instructions below: ☐ Return via inner-office mail from Newtown on the day following the test administration.
✓ Place this form and all test materials in a plain sealed envelope (not an inner-office mail envelope)

✓ Notate on the outside of the envelope:  
  - Faculty Member's Last Name, First Name  
  - Student's Last Name, First Name  
  - Course Name/Number  
  - Campus for Testing (Write Newtown, Bristol or UCC)

✓ Place sealed envelope in an inner-office mail envelope (to Testing Center RC-100) or drop off in person.

--- The Make-Up Testing Schedule is available on-line at www.buks.edu/testing ---