

Course Make-Up/Special Accommodations TEST REQUEST FORM

Please PRINT test information clearly. The Make-Up Testing Schedule is available on-line at www.bucks.edu/testing

Student Name: _____

Date Range to Make Test Available: (mm/dd/yr)

Instructor: _____

First Available Date: _____

Course/Section: _____

Last Available Date: _____

Exam/Test #: _____

Return Test Materials:

____ Hold completed tests for pick-up at Newtown

____ Send completed tests via interoffice mail

(available, but not recommended)

Campus Phone #: _____

Off Campus #: _____

For Computer-Based Test Delivery

Clearly notate upper and lower case letters and any spaces:

Test Platform: _____

Test Password: _____

Password Format: _____

Respondus Lockdown Browser Used?

Time Limit: _____

Testing Information:

____ Use Blue Book ____ Calculator OK

____ Scrap Paper OK ____ Other Materials

Additional Instructions:

For Paper and Pencil Test Delivery

Provide all hard copies of test needed for delivery

Total Number of Copies Provided _____

Main Campus in **Newtown**: _____

Time Limit: _____

Testing Information:

____ Use OpScan Sheet ____ Answer Sheet Provided

____ Use Blue Book ____ Calculator OK

____ Scrap Paper OK ____ Other Materials

Additional Instructions: