MAKE-UP TEST COVERSHEET
DEPARTMENT OF MATHEMATICAL SCIENCES
UNIVERSITY OF DELAWARE

COURSE: ______________  INSTRUCTOR: ____________________________  PHONE: __________

EMAIL: __________________________  DATE: __________  TIME ALLOWED: __________

STUDENT(S) NAME(S):

_________________________________________________________________________________
Start       End
_________________________________________________________________________________
Start       End
_________________________________________________________________________________
Start       End
_________________________________________________________________________________
Start       End
_________________________________________________________________________________
Start       End
_________________________________________________________________________________
Start       End

☐ A check in this box indicates that ONLY students named are to be given a make-up test. All others will be referred back to the instructor.

Student(s) have permission to use the following aids. If none checked, none will be permitted.
☐ open notes ☐ graphing calculator ☐ dictionary ☐ Scantron
☐ open book(s) ☐ standard calculator ☐ blue book ☐ NO AIDS
☐ Other __________________________________________

ADDITIONAL INSTRUCTIONS (include contact info if available for questions during the exam):

_________________________________________________________________________________

☐ All articles and electronic devices must be secured and are not permitted in the testing area
☐ Student is responsible for following instructor’s instructions and returning all materials, including scrap paper

Student acknowledgement: “By signing this form, I acknowledge that I have been given the above instructions and I agree to adhere to the University of Delaware’s Code of Conduct.”

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