

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

COURSE: _____ **INSTRUCTOR:** _____ **PHONE:** _____

EMAIL: _____ **DATE:** _____ **TIME ALLOWED:** _____

STUDENT(S) NAME(S):

	Start		Start
	End		End
	Start		Start
	End		End
	Start		Start
	End		End
	Start		Start
	End		End
	Start		Start
	End		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.

<input type="checkbox"/> open notes	<input type="checkbox"/> graphing calculator	<input type="checkbox"/> dictionary	<input type="checkbox"/> Scantron
<input type="checkbox"/> open book(s)	<input type="checkbox"/> standard calculator	<input type="checkbox"/> blue book	<input type="checkbox"/> NO AIDS
<input type="checkbox"/> 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."
