

Start Time: _____
End Time: _____
Date: _____
*For Testing Center use

SUNY SCHEENECTADY
COUNTY COMMUNITY COLLEGE



Elston 427 • (518) 381-1293
TestingCenter@sunysccc.edu

MAKE-UP TESTING REQUEST FORM

Student Name: _____

Date: _____

Instructor: _____

Course: _____

Time allotted for exam: _____

Exam no longer valid after (date) _____

Please circle items that apply:

Open Book -- CLOSED Book

Calculator -- NO Calculator

Notes --- NO Notes

Scantron

Bathroom Breaks Allowed: YES / NO

Special instructions:

***Attach this form to each test. Please do not submit one form for multiple exams.**