

KAPIOLANI COMMUNITY COLLEGE TESTING CENTER
 MAKE UP TESTING FORM FOR PAPER-BASED EXAMS

FACULTY & STAFF: Help prevent lost / misdirected tests by putting your name and course on each test submitted. Beginning Summer 2007, all paper tests must have the student list below filled out, or a roster of students attached.

Today's Date: _____ Page: _____ of _____

Faculty Name: _____ Office Phone: 734-9 _____ Course: _____
 Other Phone: _____

Circle and/or highlight appropriate qualifiers, and note time limits, if applicable

Open Book	Scratch Paper	Calculator	Index Cards / Crib Sheets _____
			(specify type allowed)
Closed Book	No Scratch Paper	No Calculator	No Index Cards / No Crib Sheets
Time Limit: _____ / Unlimited		Test Must Be Taken By: _____	
<small>(if greater than 90 min, use hours : minutes format)</small>			

Additional Instructions: _____

PRINT STUDENT NAME	STUDENT SIGNATURE	DATE THIS TEST TAKEN	TC STAFF INITIAL OUT & TIME	TC STAFF INITIAL IN & TIME	FACULTY INITIAL	DATE THIS TEST PICKED UP
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(Continuation) Page: _____ of _____

PRINT STUDENT NAME	STUDENT SIGNATURE	DATE THIS TEST TAKEN	TC STAFF INITIAL OUT & TIME	TC STAFF INITIAL IN & TIME	FACULTY INITIAL	DATE THIS TEST PICKED UP
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