



MAKE-UP EXAM REQUEST FORM

**Instructors:** Please complete this form and submit it via email to [esue-testing@osu.edu](mailto:esue-testing@osu.edu).

**Students:** This form must be completed and submitted by course instructors only. Appointments available at: [testing.osu.edu](http://testing.osu.edu)

**Instructor Information**

Name: \_\_\_\_\_ Username: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_ # \_\_\_\_\_

OSU ID Number: \_\_\_\_\_

**Testing Window**

Student may complete the exam between these dates: \_\_\_\_\_ and \_\_\_\_\_  
If you extend your Testing Window, please let us know. Students will not be allowed to test outside the approved dates.

**Exam Information**

Dept./Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Duration of Exam \_\_\_\_\_

Student should respond on:	Approved exam aids (check all that apply)	
<input type="checkbox"/> Exam	<input type="checkbox"/> NONE	<input type="checkbox"/> Drawing / Graphing Tools
<input type="checkbox"/> Scantron	<input type="checkbox"/> Textbook	<input type="checkbox"/> Scratch Paper
<input type="checkbox"/> Ruled Paper	<input type="checkbox"/> Notes (ONE 8.5 by 11 sheet ONLY)	<b>IF THIS BOX IS NOT CHECKED, WE WILL NOT ALLOW USE OF SCRATCH PAPER</b>
<input type="checkbox"/> Computer	<input type="checkbox"/> Calculator:	
Send instructions with this form	Type _____	Aid _____

Special Instructions:

Exam Drop-Off Options	Exam Pick-Up Options
<input type="checkbox"/> TA / Faculty:	<input type="checkbox"/> TA / Faculty:
Name _____	Name _____
<input type="checkbox"/> Other Person:	<input type="checkbox"/> Other Person:
Name _____	Name _____
<input type="checkbox"/> E-Mail	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Other (with Testing Center approval):	<input type="checkbox"/> Other (with Testing Center approval):
Method _____	Method _____

Students must present BUCK ID before testing. Faculty must present valid identification (BUCK ID) before picking up completed exams. Emailed submissions will only be accepted via official University email accounts. Exam materials will be destroyed at the end of the semester.

**FOR OFFICE USE ONLY**

Student Signature: \_\_\_\_\_

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Seat #: \_\_\_\_\_

Returned: \_\_\_\_\_