**Makeup Exam Scheduling Form**

**Your information:**

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

**Exam information:**

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| --- | --- | --- | --- |
| **Course number and instructor** | **Name/number of exam (e.g., Quiz 1, ATI 3)**  | **Date exam was scheduled**  | **Date and time you would like to take the exam (please give two options)**  |
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**Testing Center hours:**

Monday – Friday 7:30am-4:00pm (closed for lunch 12:00-1:00)

Monday and Wednesday 4:00-6:00 (by appointment only)

Saturday & Sunday 1:00pm-4:00pm (by appointment only \*appointments must be made by noon the Wednesday prior\*)