## Make-Up/Proctoring Test Form LLS Testing Center – Desired Testing Conditions

Instructor Name:			Date:	
Course Name:	Student's Name:			
	(If	more than on	e student, please	attach student list)
Type of Exam:	Paper	Scantron Required		
	Online			
If Online Exam, Password for Exam:				(If multiple password, Please attach password
list)				
Testing Window:	No	Yes	From:	To:
Time Limit:	No	Yes	(Default 1 ½ Hr.) How Long:	
Calculator:	No	Yes	What Type	·
Notes Allowed:	No	Yes	What Type	/Amount:
Contact Information				
Additional Comment				
**Note** <u> </u>	nstructors are	<u>responsible</u> f	or dropping off	and for picking up tests from the LLS unless
otherwise indicate	d. Please be sເ	ire to <b>have er</b>	nough copies of	the tests for students taking the test. The LLS is y will need to bring a Picture ID. Please instruct
all students to mak	ke an appointn	nent for testir	ng (at least 24 h	r. ahead of time). If there are any students that

need to complete an exam after the due date, the LLS staff will need to be notified from the instructor.

LLS Contacts:

Call:

Mt. Pleasant testing center ext. 287

Harrison testing center ext. 677

If you are emailing exams and form, please send it to: <a href="mailto:llstestproctors@midmich.edu">llstestproctors@midmich.edu</a>