



MAKE-UP TEST REQUEST

NOTE TO INSTRUCTOR: Complete and email this form and exam to TLC@brunswickcc.edu.

Student Name: _____

Course: _____

Date test is due: _____

Time limit for test: _____

Use of books or notes? Yes No

Use of calculator? Yes No

If unable to finish test, may student return to test to TLC staff and continue at a later time: Yes No

Any special instructions: _____

Instructor will pick up test.

Test is to be returned to instructor by inter-office mail.

Other _____

Instructor Name, Signature and Contact Number

Date