

MAKE UP TEST
STUDENT TEST SCHEDULING FORM

Testing Coordinator (651) 690-7745 Rm. E-371

If the Testing Coordinator is not available, please slide this form under the office door (Rm. E-371)

Student's name: _____

Student ID#: _____ Phone #: _____

Course number, title, & section: _____

Instructor's name: _____

Date and time agreed upon for Make Up test: