

Manchester Community College
Testing Center

Make-up Test Request Form

**** One Week Advance Notice Required! ****

Your Name: _____ BANNER ID: @ _____

Daytime Phone #: _____ Cell Phone #: _____

Today's Date: _____ Email Address: _____

Date of Test: _____ Time: _____ Day of the Week (circle): M Tu W TH F

Course _____

Instructor _____

Instructions (Please describe):

_____ ACCESS TO COMPUTER AND PRINTER _____

_____ OTHER _____

HAS YOUR INSTRUCTOR APPROVED OF
THIS ALTERNATIVE EXAM TIME AND ARE
THEY AWARE THAT THE EXAM NEEDS TO
BE DROPPED OFF ONE DAY PRIOR TO THE
EXAM DATE?

YES _____ NO _____