

SPECIAL FACULTY REQUEST

TEACHER: _____ PH #: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Input by: _____ Date: _____

Picked Up by: _____ Date: _____

MAKEUP OR OTHER SPECIAL EXAM

CLASS: _____ TEST: _____ DATES: START _____ END _____

STUDENT NAME(S): _____

EXAM INSTRUCTIONS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Write on Test | <input type="checkbox"/> English Dictionary | <input type="checkbox"/> Programmable Calculator |
| <input type="checkbox"/> Open Book | <input type="checkbox"/> Foreign Dictionary | <input type="checkbox"/> Non-programmable Calculator |
| <input type="checkbox"/> Notes Allowed | <input type="checkbox"/> Electronic Dictionary | <input type="checkbox"/> Financial Calculator |
| <input type="checkbox"/> Computer: _____ | <input type="checkbox"/> Time Limit: _____ | <input type="checkbox"/> Scratch Paper |
| <input type="checkbox"/> Other Special Instructions: _____ | | |

SCORING OF IN CLASS EXAMS

- Points Per Question: _____
- Paper copy of class roster with student scores Email results to: _____