



**UNIVERSITY OF
HOUSTON - VICTORIA**
Student Success Center – Testing Services
University West Building, Suite 129

Make-up/Academic Testing Referral Form

Instructor: _____
Course: _____
Student: _____

Date by which student must complete exam: _____, 20____.

OR

Date window: _____ to _____, 20____.

(If exam is not taken by or within the specified test window, exam materials will be returned to the instructor.)

Time allotted in class is _____ hours/minutes.

(Testing Services will adjust time according to ADA special accommodations if applicable.)

Exam will be provided to the Student Success Testing Center via:

- _____ Email
- _____ Interoffice mail
- _____ Hand delivery
- _____ Computer /Web CT/Internet

Resources that the student may take into the testing room:

- _____ NONE _____ notes _____ Scantron _____ Blue Book
- _____ basic calculator _____ scientific calculator _____ graphing calculator
- _____ books _____ dictionary/thesaurus
- _____ other (please specify) _____

Special instructions for administering exam:

Special accommodations needed (as verified by the office of Student Success and approved by Disability Services).

How should we return the exam to you?

- _____ Interoffice mail
- _____ I'll pick it up.
- _____ Regular mail to: _____
- _____ Scan and email. _____ Shred original _____ Mail original.

Urgent: Please hand deliver as soon as exam is completed. My office is room # _____.