### Make-up Test / Services for Students with Disability

#### Test Cover Sheet

**FACULTY:** Entire form must be completed.
**STAFF:** Once initialed PINK copy given to Faculty.

<table>
<thead>
<tr>
<th>Faculty initials</th>
<th>Staff initials</th>
<th>Date</th>
</tr>
</thead>
</table>

**Student:**

**Faculty:**  

**Class:**

**Date test to be completed:**  

**Time allotted:**

**Check ALL boxes that apply:**

- [ ] Take home
- [ ] Open book
- [ ] Class notes
- [ ] Break allowed
- [ ] Calculator

**Special instructions:**

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**Note to Student**

Tests not completed in the allotted time period OR by the date indicated will be returned to the faculty member.

**Staff Use Only**

**Time started:**  

**Time returned:**  

**Staff initials:**  

**Date:**

**Student signature:**

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**Note to Student**

Tests not completed in the allotted time period OR by the date indicated will be returned to the faculty member.

**Staff Use Only**

**Time started:**  

**Time returned:**  

**Staff initials:**  

**Date:**

**Student signature:**

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**Pink:** Faculty copy  
**White:** attach to test  
**Yellow:** DS office

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