

University of Hawaii at Hilo Testing Center  
 200 W. Kawili Street, PB-9  
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MAKE UP TEST                       ACCOMODATION TEST

\_\_\_\_\_ Instructions Form to Attach to Tests  
 (semester)

Instructor: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

- Proctoring of Make-Up tests is provided by the UH Hilo Testing Center for Hawaii CC and UH Hilo face-to-face classrooms teachers.
- A “Make-up Test” is a test for a student who was not present in class on the day the test was given in class. Special accommodation exams must be approved by UH Hilo Disability Services.
- Make-Up Testing services end on the last day of instruction at UH Hilo. No make-up tests are proctored during finals week. If your exam does not fall into this category, or if you have any other questions, please let us know and we will be happy to assist you!
- **Please send exam information 5 days prior to exam date. The exam itself can be sent morning of. We will NOT accept same day requests.**

Course alpha & number: \_\_\_\_\_ Title of test: \_\_\_\_\_

Date(s) test may be administered: \_\_\_\_\_ *(See next page for multiple exams)*

**Name of student(s) taking the test (or attach roster)**  
**Please put an asterisk next to the student’s name that require a special accommodation**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>**Required**</b>	Time Limit: _____	Includes extended time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Open Notes	Scratch Paper	Open Book	Calculator	Personal laptop
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Limited: _____	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Attach to exam for instructor <input type="checkbox"/> Shred <input type="checkbox"/> Return to student	<input type="checkbox"/> Attach to exam for instructor <input type="checkbox"/> Shred <input type="checkbox"/> Return to student	<b>Completed Exam</b>		
		<input type="checkbox"/> Scan & Email	<input type="checkbox"/> Pick up	

Additional aids/equipment student may use, additional instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use:**

Date Test Received \_\_\_\_\_ Received By \_\_\_\_\_  
 Pick up / File Drop Date \_\_\_\_\_ Initial \_\_\_\_\_

**Multiple Exams**

<b>Title of Exam</b>	<b>Date(s)</b>	<b>Time Limit</b>

**Additional Proctoring Instructions**