Make-Up Test Procedure

The procedure below outlines how the Student Success Center can provide a secure, fair, and accessible environment for administering make-up exams in a streamlined, efficient way as a service to NCWU faculty colleagues.

General Guidelines

Faculty Responsibilities

1. Submit the Make-Up Test Request Form (see below) at least 2 business days in advance, either in person at the SSC or via email at makeuptest@ncwu.edu (preferred).
2. Please provide:
    - The exam itself (in digital or physical format).
    - Clear test instructions and allowed materials.
3. Indicate test deadline, time allowed and return method.

Student Responsibilities

1. Speak with your professor to coordinate the makeup exam.
2. Schedule a testing appointment in advance.
3. Bring a valid student ID.
4. Follow SSC rules: no unauthorized materials, no communication with others during testing.
5. Must complete the test within the assigned time and before deadline.

SSC Responsibilities

1. Maintain test security and enforce time/material limits.
2. Verify student identity.
3. Ensure delivery of completed tests to faculty via indicated method.

Scheduling & Time Management

- Tests may only be scheduled on Mondays 1:00-3:00pm and Fridays 10:00am-12:00pm.
- All make up test sessions will be held in Shaw 107.
- Students arriving more than 15 minutes late may forfeit their testing slot.
- SSC will provide a quiet, monitored environment.
- Tests should be sent to *makeuptest@ncwu.edu*.

Test Procedures

- Only materials explicitly approved by faculty on the testing form will be allowed. All other belongings must be stored away.

- Tests will be returned via the delivery method selected by the faculty:
    - In-person pickup - SSC staff will log all returned tests and obtain signatures
    - Sealed inter-office mail
    - Secure email (scanned copy if allowed)

Make-Up Test Request Form

(To Be Completed by Faculty)

Office of Student Success

Student Information:

Student Name: _____

Student Email: _____

Student Phone Number: _____ Student ID Number: _____

Faculty Information:

Faculty Name: _____

Faculty Email: _____

Faculty Phone Number: _____

Course & Exam Information:

Course Number / Name: _____

Date and Time of Original Test: _____

Time Allowed for Make-Up Test: _____

Deadline for Test Completion: _____

Materials Allowed (please circle all that apply):

Pen/Pencil	Computer	Dictionary	Phone
Electronic Speller	Calculator	Scrap Paper	
Other (please specify):			

Delivery of Test to SSC (please circle): In Person Email*

Date Test Sent/Delivered to SSC: _____

Delivery of Completed Test to Faculty (please circle): In Person Email Campus Mail

Special Instructions:

Faculty Signature: _____Date: _____

SSC Staff Receiving Test: _____ Date: _____