

Testing Center Exam/Quiz/Final/Makeup Schedule Form

STUDENT: Complete Top of Form (Name, UIN, Course/Contact Info, Testing Request, Needs) & Request Instructor Initials/Signature

Student's Name: _____ UIN: _____ 00 _____

Course Information:

Course & Section #: _____

Class Day(s) & Time: _____

Class Location (Bldg. & Rm.): _____

Contact Information:

Instructor: _____

Instructor's Phone #: _____

Instructor's Email: _____

**Testing Center (TC) Hours: Monday – Thursday 8:00am – 6:00pm
& Friday 8:00am – 5:00pm**

Testing Request

After Hours Dependent on Staff Availability

<u>Date+Exam/Quiz/Final/Makeup to be administered in the TC</u> Ex: 9/1/2026: Final	<u>Exam Time to be administered in the TC</u> Ex: 2:00 - 5:00 PM	<u>Class Exam Length *Not Extended*</u> Ex: 120 minutes	<u>Same date as rest of class for the exam?</u> Ex: Yes/No	<u>Same start time as rest of class for the exam?</u> Ex: Yes/No	<u>Instructor Initials (required)</u> Ex: RH

Special Testing Needs: If you have been approved for and need equipment, software or a special accommodation, please check and/or list all that apply:

Scribe Reader Other (specify - Ex: Extended testing time 1.5x, 2x): _____

Computer Needs (Required Software/Accommodation) Ex: Word for essay exam, Read & Write, etc: _____

***** INSTRUCTOR must acknowledge each testing request above by initialing & Read/Sign below *****

I have met with the above named student and received notification of his/her registration with Disability Resources, or have approved makeup testing. I am aware that this student is requesting testing accommodations, or makeup testing, in the TAMU Galveston Testing Center (TC), and I agree with this schedule.

Instructor's Signature (required)

Date

<p>Received by: Initials: _____ Date: _____ Time: _____</p>
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Return Completed Form to the Testing Center Office or testingservices@tamug.edu