



Testing Procedures Make-Up and/or Accessibility Exams

These procedures have been established to better accommodate students and faculty for make-up and accessibility exams.

1. The Testing Center is open from 7:30 am to 5:00 pm. Please contact the Testing Center staff at 765-455-9395, or in KC 250, to make arrangements. Appointments may be scheduled outside of normal operating hours with advanced notice.
2. Complete the attached instruction form or visit www.iuk.edu/testing to fill out the e-form. Please fill out the testing form completely so the Testing Center is able to accommodate the needs of the student(s). Forms must arrive at the Testing Center 48 hours prior to the administration of the desired exam.
3. Please deliver a hard copy of the exam to KC 250 at least 24 hours prior to testing or make special arrangements with the Testing Center staff for delivery of exams. The Testing Center does not provide anything except what you provide. If the Testing Center is closed, there is a secure drop box available to the right of the door.
4. Testers must provide a photo ID every time they test. No food or drink is allowed in the testing area. Lockers will be provided for books, bags, purses, wallets, cell phones, coats, etc.
5. After the test is complete, instructors may pick up test(s) from KC 250, have them returned via campus mail, or make special arrangements with the Testing Center staff.
6. **Exams needed past 5 pm must have a 48 hour notice for staffing purposes and will be at the discretion of the Testing Center.**



**INDIANA UNIVERSITY
KOKOMO**

OFFICE OF ACADEMIC AFFAIRS
Office of Student Success and Advising

Testing Form

Exam Type: Accessibility Exam Make-Up Exam

Testing Information:

Student Name: _____

Exam has been scheduled by instructor. Student will be call to schedule exam.

Testing Date: _____ **Time:** _____ a.m. p.m.

Total amount of time given for exam: _____

Exam must be complete by- Date: _____ **Time:** _____ a.m. p.m.

Student may use: (no aids will be permitted unless specifically authorized)

- ___ Open book ___ Notes/Note Cards ___ Computer/Laptop
___ Blank Paper ___ Nursing/Simple Calculator ___ Graphing Calculator
___ Other (please specify) _____

Accommodations: ___ Private Room ___ Scribe/Reader ___ Additional Time

Instructor Information:

Instructor Name: _____

Course: _____ **Instructor Email:** _____

Instructor Phone, Day of Exam: _____

Exam will be picked up _____ **Exam will be returned via campus mail- room #** _____

Instructor Signature: _____

Past Due Exams: Shred unused, past due exams.
 Return unused, past due exams via campus mail- room # _____.

Comments: _____