

## Test/Quiz Makeup

*Please fill out the information below, attach it to the test or quiz and then place it in the folder that has your name on it.*

Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Date to be completed by: \_\_\_\_\_

Time allotted: \_\_\_\_\_

Other Directions: *(may use calculator, book, etc)*

To be filled out the day the test/quiz is taken:

Date: \_\_\_\_\_

Time Used: \_\_\_\_\_

Other comments: