ASSESSMENT CENTER
Miller Hall, Phone 646-1300

ACADEMIC TEST REQUEST FORM
Please print and complete each section.

Date: _____________________________

Instructor’s Name: _____________________________ Contact Number: _____________________________

Course Title: _____________________________ ☐ On-line Course (Check if applicable.)

☐ ONE STUDENT Student’s Name: ___________________________________________________________

☐ MULTIPLE STUDENTS (Please attach a list of the students’ names.)

Length of time allowed for testing: _______ hour(s) _______ minute(s)

Dates students are allowed to test: Starting Date: ________________ Ending Date: ________________

Specific Instructions
Please check all applicable instructions.

☐ Students may write on the test. ☐ Students may use notes.
☐ Students may use a calculator. ☐ Students may use dictionary.
☐ Students may use scratch paper. ☐ Students may use textbook.
☐ Students may use a formula sheet. ☐ Students may use references.
☐ Other: __________________________________________________________

Picture ID is required for all testing. All curriculum students should arrive early enough to allow adequate time to complete testing prior to the Assessment Center closing time.

Return Test To:
Since the Assessment Center cannot be responsible for tests returned using interoffice mail, it is recommended that tests be picked up at the Assessment Center.

☐ Do not return; pick-up at the Assessment Center
☐ Instructor listed above
☐ Administrative Assistant: ________________

Building:
☐ ML  ☐ IBDC  ☐ CD  ☐ HA  ☐ HS
☐ OC  ☐ PK  ☐ RH  ☐ AD  ☐ CK

Assessment Center Hours
Monday through Thursday
8:00 a.m. until 7:00 p.m.

Friday
8:00 a.m. until 2:00 p.m.