



TEST CENTER REQUEST FORM

Instructor Use	Instructions	Test Center Use
Date Submitted:	<input type="checkbox"/> Answer on Test Paper <input type="checkbox"/> Separate Answer Sheet Enclosed <input type="checkbox"/> Calculator Permitted <input type="checkbox"/> Notes Permitted <input type="checkbox"/> Note Cards Permitted <input type="checkbox"/> Books Permitted <input type="checkbox"/> Language Aids Permitted (Dictionary, Electronic Translator, etc.) <input type="checkbox"/> Other Instructions:	Date Received: Initials:
Instructor:		Date Completed: Initials:
Instructor's Office Mailbox Location:		Notes:
Phone:		
Course Name & Number:		
Test Expiration Date:		
Time Allowed for Test:		

Please print the name(s) of the student(s) to be tested:		
1.	2.	3.
4.	5.	6.