HACC Gettysburg Campus
TEST CENTER

HOURS:
M & T 8am - 6:30pm
W & R 9:30am - 8pm

DATE SUBMITTED:
Instructor:
Office mailbox location:
Phone:
Course & Number/Test Name:
Test Completion Date:
Time Allowed for Test:

INSTRUCTIONS:

____ Answer on Test Paper
____ Separate answer sheet enclosed
____ Calculator permitted
____ Notes / book permitted

OTHER INSTRUCTIONS:

TEST CENTER USE ONLY

Rcvd by: _____Date:_____
Date Ret:_____ DB:_____

NOTES:

Please fill out this form completely.

~ STUDENTS TO BE TESTED ~		**1.**	**2.**
3.	**4.**	**5.**	**6.**
7.	**8.**	**9.**	**10.**

✂✂✂✂✂✂✂✂✂✂✂✂ ***CUT HERE*** ✂✂✂✂✂✂✂✂✂✂✂✂✂✂ ***CUT HERE*** ✂✂✂✂✂✂✂✂✂✂✂✂

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