



Testing Services Request Form

Student Name:

(For web courses, attach list of student names)

Test Date(s):

Instructor:

Course Number:

INSTRUCTOR:

To ensure students are tested under the conditions you desire, please answer **all** questions on this form.

- Make-Up Exams: one intake form is needed for each student
- Paper/Pencil Exams: attach a test for each student
- Please note: Testing Center staff are NOT available to SCAN, FAX or Email exams

Type of test **On Computer** **Paper/Pencil** **Other:**

Type of course: **Face-to-Face** **Hybrid** **Web-based**

Other test location besides Yuma Campus:

San Luis **Somerton** **Parker** **MCAS** **Quartzsite** **Wellton**

Other:

Desired Testing Conditions:

<i>Timed test?</i>	Yes	No	Duration:
<i>Allow notes?</i>	Yes	No	Comment:
<i>Allow books?</i>	Yes	No	Comment:
<i>Allow calculator?</i>	Yes	No	Comment:
<i>Allow breaks?</i>	Yes	No	Comment:

Additional Comments:

Test taker signature _____ **Date** ___/___/___

Time IN: _____ **Time OUT:** _____ **Break Start:** _____ **Break End:** _____

OFFICE USE ONLY

Record# _____ **LK#** _____ **Testing Station#** _____ **Notes:** Y N **ID TYPE:** _____ **INT:** _____

Pick-up Signature: _____ **Date** ___/___/___

(Delivered by: E-Mail FAX MAIL) **Date Sent:** ___/___/___ **Time Sent:** ____:____ **INT:** _____