



Test Request Form

Student Name:

(For web courses, attach list of student names)

Test Date(s):

Instructor Name:

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 is not available to SCAN, FAX or EMAIL exams.

Type of course: **Face-to-Face** **Hybrid** **Web-based**
Type of test: **On Computer** **Paper/Pencil** **Other:**

Other test location(s) besides the Yuma Campus:

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

Desired Testing Conditions:

Timed test?	Yes	No	Duration:
Allow notes?	Yes	No	Comments:
Allow books?	Yes	No	Comments:
Allow calculator?	Yes	No	Comments:
Allow breaks?	Yes	No	Comments:

Additional Comments:

OFFICE USE ONLY

Record # _____ **LK#** _____ **TBL#** _____ **COM#** _____ **ID TYPE** _____

REMARKS: _____ **INT** _____

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

Time IN: _____ **Time OUT:** _____

Signature _____ **Date** ___/___/___

(Pick-up/Delivered by: **E-MAIL** **FAX** **MAIL**)