



Test Request Form

Student Name:

Test Date(s):

(For web courses, attach list of student names)

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 are 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:

Time 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**)