Monroe County Community College
Testing Services Request

Please fill out one form for each test submitted. We require photo identification for all students. Tests will be administered according to these instructions so please be careful to list any special instructions or materials allowed.

Instructor's Name: _____   **Student Names:** _____

Office Phone #: _____ **Ext. #:** _____   _____

Cell Phone #: _____   _____

Course No./Name: _____   _____

_____   _____

_____

_____

_____

Student(s) may take test from _____ **through** _____
                                                    date   date

Test name: _____   **Timed Test (Time Limit):** _____

Instructions/Materials allowed (✓ items allowed):

☐ write on test   ☐ use answer sheet provided   ☐ blank paper   ☐ scantron

☐ dictionary   ☐ foreign language dictionary   ☐ notes

☐ textbook (specify title) _____

☐ Other, please specify _____

_____

Calculator:

☐ No   ☐ Yes   ☐ 8-function   ☐ Scientific   ☐ Other, please specify_____

Scrap paper:

☐ No   ☐ Yes   ☐ Quantity_____   ☐ Return with test   ☐ Shred

Notes permitted:

☐ No   ☐ Yes   ☐ Return with the test   ☐ Student will keep their notes after the test

Special instructions: _____

_____

_____

_____

Date the instructor will pick up completed tests: _____ *(All tests are held for instructor pick up)*

Instructor's Signature: _____