

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 _____ date through _____ date

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

Instructions/Materials allowed (✓ items allowed):

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

☐ dictionary ☐ foreign language dictionary ☐ notes ☐ scantron

☐ textbook (specify title) _____

☐ other, please specify _____

Special instructions: _____

* ☐ Class list is attached for the Video and Distance Learning Classes.

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

Instructor's Signature: _____