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. After completing this form, please keep the pink copy for your file. This form (white & yellow copies) must be turned into the Founders Hall (F-160) along with the test(s).

Instructor's Name: ***Student's Name:**

Office Phone #:   **Ext. #:**   **Home 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   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: