

# Testing Center – Request Form

**Instructor: This form must be completed and submitted with test for it to be administered properly.**

1	Course Name & Number: (ex. BIO 105)	
2	Instructor:	
3	Phone #:	
4	Type of Test: (ex. Distance Ed, Make-Up, Adapted Test)	
5	Name or # of Student(s):	
6	Opening Date:	
7	Closing Date:	
8	Exam/Test Covered:	
9	Mode of Exam: (ex. Paper, Chi Tester, Blackboard, ALEKS)	
10	Exact Name of Exam on Chi/ Blackboard: (if applicable)	
11	Password: (if applicable)	
12	Student must have: (ex. Scantron, Bluebook, etc.)	
13	Student may use: (ex. Calculator, Dictionary, Scratch Paper, Notes, Textbook, Computer, Index Card, etc.)	
14	Test Instructions:	
15	Allotted Time:	
16	When test is completed: (send through I/O mail / hold for me / student carry)	

Send this form with exam copy.

**Contact:** 626-857-4035 Gerald, Stephanie or Sally (adapted) if you have any questions.

[Testingcenter@citruscollege.edu](mailto:Testingcenter@citruscollege.edu)