

## Testing Center – Adapted Testing Request Form

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

1	Course Name:	
2	Course Number:	
3	Ticket Number:	
4	Instructor:	
5	Phone #:	
6	Course Meets: (days & time)	
7	Name of Student(s):	
8	Opening Date:	
9	Closing Date:	
10	Exam/Test Covered:	
11	Mode of Exam: (ex. Paper, Chi Tester, Blackboard, ALEKS)	
12	Exact Name of Exam on Chi/ Blackboard:	
13	Password: (if applicable)	
14	Student must have: (ex. scantron, bluebook, pen)	
15	Student may use: (ex. Notes, textbook, dictionary, index cards, calculator, 2 <sup>nd</sup> textbook)	
16	Test Instructions:	
17	Allotted Time:	
18	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, or Stephanie (adaptive) if you have any questions.

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