|  |  |
| --- | --- |
| **TEST REQUEST FORM (2016-2017)**Academic Centre for Testing (ACT) | LOGO - NEW - OCTOBER 21, 2013 - FullLogoWithText |

|  |
| --- |
| **Instructor’s FIRST & LAST Name:**  |
| **Course Code:**  | **Course Name:**  |

|  |  |  |
| --- | --- | --- |
| **Accommodated Tests:** |  | **Missed Tests:** |
|

|  |
| --- |
| Students registered with International/AccessAbility Services can write this test in ACT: |
| [ ]  YES [ ]  NO |

|  |
| --- |
| Indicate YES if you would like ACT to use the names listed on your ACT Eligibility List: |
| [ ]  YES [ ]  NO |

**OR you may provide a list of the names here:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

 |  |

|  |
| --- |
| Any student who missed or is going to miss the class test can write this test in ACT: |
| [ ]  YES [ ]  NO |

**OR you may provide a list of student(s) who are allowed to write a missed test:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**The student(s) must write the test by:** *(insert date)*

|  |
| --- |
|  |

 |
|  |
| **TEST DETAILS** |
| **Date the Class Writes**: (ex. Tues. Jan. 14)

|  |
| --- |
|  |

**Time the Class Writes:** (ex. 10:00)

|  |
| --- |
|  |

Test Duration:

|  |  |  |  |
| --- | --- | --- | --- |
|  | HOURS |  | MINUTES |

**AIDS ALLOWED:** *click the box or put a “y” for yes**These are aids the* ***whole class*** *is permitted to use.*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Scantron Sheet |  | [ ]  Open Textbook |  |
| [ ]  Lined Paper |  | [ ]  Open Notebook |  |
| [ ]  Calculator |  | [ ]  Computer |  |

 |  | **How should ACT contact you if students have questions?**

|  |
| --- |
| [ ]  Email:  |
| [ ]  Phone: |

**OTHER NOTES/COMMENTS:**

|  |
| --- |
|  |

 |