Rockville Assessment Center/ Phone #: 240-567-7459
Academic Test Request Form (TRF)

Professor's Name _____ (Last) _____ (First) MC Tel.No./Ext. _____

Day/Evening No. _____

Course No. _____

Test Name _____

Begin Date _____ End Date _____

Number of Tests Submitted _____

Time Allowed: Hours _____ Minutes _____

Please check if this is a
DL COURSE ☐ DSS STUDENT(S) ☐

Student(s) may record answers on:

Test Copy ☐
Scantron ☐ (A.C. Issued)
Printout ☐
Ruled Paper ☐ (A.C. Issued)
Other ☐ Specify _____

Student(s) may use:

No Aids ☐

Calculator:
Basic ☐ Scientific ☐ Graphing ☐
Programmable ☐

Dictionary: English ☐ Foreign Language ☐

Scratch Paper ☐ (A.C. Issued)
Textbook/Ref. Book ☐ Specify _____
3x5 Cards ☐ Specify _____
Notes ☐ Specify _____
Computer/Software ☐ Specify _____
Other Aids ☐ Specify _____

For use by Assessment Center staff only.
Drop Box *Yes* ☐ *No* ☐
Test Received by _____ *Date* _____ *Time* _____
Data Entered by _____ *Date* _____ *Time* _____
Revisions by _____ *Date* _____ *Time* _____
Revisions by _____ *Date* _____ *Time* _____
Revisions by _____ *Date* _____ *Time* _____
Staff's Initials _____ *Date* _____ *Time* _____

Name and ID Number of Authorized Students:
►List students' names and ID numbers or attach a clean roster.
►Indicate students requiring double time with an asterisk.

	Last Name	First Name	MC ID#	Test Taken	Faculty's Initials
1.				☐	
2.				☐	
3.				☐	
4.				☐	
5.				☐	
6.				☐	
7.				☐	
8.				☐	
9.				☐	
10.				☐	

Special Instructions/Accommodations:
(If detailed instructions are required, please provide a written copy for each student.)

Please do not write below this line.
For use by Assessment Center staff only.

Staff's initials

Final transaction only
# of completed tests ☐
# of incomplete tests ☐

Professor's Signature _____

10/24/2007 10:56