



**Montgomery College Assessment Center/Takoma Park
Academic Test Request Form (TRF)**

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

Day/Evening No. _____

Course No. _____

Test Name _____

Begin Date _____ End Date _____

Number of Tests Submitted _____

Time Allowed: Hours _____ Minutes _____

Please indicate 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:

Calculator:

Basic Graphing Programmable

Dictionary:

English Foreign Language

Scratch Paper (A.C. Issued)

Textbook/Ref. Book Specify _____

3x5 Cards

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.

<u>Last Name</u>	<u>First Name</u>	<u>SSN/ID#</u>	Test Taken	Faculty's Initials
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	
6.			<input type="checkbox"/>	
7.			<input type="checkbox"/>	
8.			<input type="checkbox"/>	
9.			<input type="checkbox"/>	
10.			<input type="checkbox"/>	

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.**

Professor's Signature _____
(Required for final transaction only.)