Montgomery College Assessment Center/GERMANTOWN

FACULTY TEST REQUEST FORM

Professor's Name: _____ MC Tel. No/Ext: _____

Day/Evening Tel. #: _____

Course No: _____ Name of Test/Quiz: _____

Date Test Begins: _____ Date Test Ends: _____ No. of test copies: _____

Time allowed: Hours: _____ Minutes: _____

Please check if this is: Regular Course: ☐ Distance Learning Course: ☐ Blended Course: ☐ DSS Student: ☐

Students May Record Answers On:

Test copy: ☐

Scantron: ☐

Blue Book (supplied by instructor) ☐

Ruler: ☐

Ruled Paper: ☐

Other ☐ Specify

Student May Use:

Calculator: Basic ☐ Scientific ☐ Graphing ☐ Programmable ☐

Dictionary: English ☐ Foreign Language ☐

Scratch Paper: ☐

Textbook/Ref Book ☐ Specify

Cards/Notes ☐ Specify

Computer/Software ☐ Specify

Diskettes ☐

Other Aids ☐ Specify

Please do not re-use completed forms.

Attach Class Roster or write:

Name(s) and ID(s) of Student(s) to be tested:

***Indicate students requiring double time with an asterisk.**

Name	Student ID# (required)	Date Test taken	Staff Initials

Instructor's Notes and/or DSS Accommodations/Instructions

_____

_____

_____

_____

ASSESSMENT CENTER STAFF NOTES:

_____

_____

_____

_____

Professor's Signature: _____ Date: _____

ASSESSMENT CENTER USE ONLY:

Test Received and entered by: _____ Date: _____ Time: _____

Test Returned by _____ Date: _____ Time: _____

Final Transaction: # of completed tests returned: _____ # of Incomplete tests returned: _____

Rev 10/13/2014