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 ☐   BLENDED ☐ DSS STUDENT(S) ☐
                 COURSE

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.

	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

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