**For Testing Center Use Only**

Received Started Finished Sent Picked Up

Testing Support for Faculty

Please send or bring all tests to the Placement & Testing Center in Building 1, M/S 1-1 or email to: [testingcenter@highline.edu](mailto:testingcenter@highline.edu)

Please attach this form to the testing materials and return at least 24 hours in advance of students’ expected arrival. Please tell students to bring picture identification.

|  |  |  |
| --- | --- | --- |
| **Instructor:** | Click or tap here to enter text. |  |
| **Student Name/SID**  **sid:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Times** | **Date test is to be taken.** | **Do not test past this date.** |
| Monday | **8:00 AM to 5:00 PM** |  |  |
| Tuesday | **8:00 AM to 5:00 PM** |  |  |
| Wednesday | **8:00 AM to 5:00 PM** |  |  |
| Thursday | **8:00 AM to 5:00 PM** |  |  |
| Friday | **8:00 AM to 1:00 PM** |  |  |

**NOTE: Please put the expiration date in the “Do not test past this date**” **box.**

# Is this test timed?:

Yes  No Time Allowed-please include accommodated time in total

Hours: Click or tap here to enter text.

Minutes: Click or tap here to enter text.

# Please select items the students are allowed to use:

Open Book

Notes

Calculator

# Special Instructions:

Computer

Dictionary

Scantron Form

Electronic Dictionary

**How do you want the test returned?**

|  |  |  |
| --- | --- | --- |
|  | I will pick them up. |  |
|  | Please send them to me through campus mail. | Mailstop: |
|  | Please scan and email to me. | Email: |

|  |  |
| --- | --- |
| **Faculty signature:** | **Date** |