**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

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**  |