

or 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 <u>24 hours</u> in advance of students' expected arrival. Please tell students to bring picture identification.

## Instructor: Student/ SID

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		

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	Thursday	8:00 AM to 5:00 PM					
	Friday	8:00 AM to 1:00 PM					
	NOTE: Please pu  Is this test tim  Yes  No		ne "Do not test past this ase include accomm		Hours:. - in total Minutes:		
1	Please select i	items the students ar	e allowed to use:		······································		
	□Oper	n Book	$\square$ Computer	□El	lectronic Dictionary		
	□Note	es .	$\square$ Dictionary				
	□Calcu	ılator	☐Scantron Form				
;	Special Instru	ctions:					
	How do you want the test returned?  I will pick them up.			Mailstop:	Mailstop:		
		end them to me throu can and email to me.	ugh campus mail.	Email:			
	Faculty signat	ure:	<u></u>	Date			