

Amarillo College Testing Services Testing Request Form

For current hours of operation please visit the Testing Services website at www.actx.edu/testing
SSC Room #101 Washington Street Campus (806)371-5445

Tests with an attached Testing Request Form may be emailed to testingservices@actx.edu.
If 3 or more copies are needed, please include your copy code.

Test Center Use Only	Date In: _____ Staff: _____	Closed Date: _____ Staff: _____	Test Center Use Only
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A Instructor: (Complete Boxes A - E)

Name: _____

Phone Number: _____

Test will be:

Picked up by instructor *or* _____ (ID Must Be Shown)

Mail to Instructor at: WSC West East

Email to Instructor at: _____

(Testing Services is not responsible for lost/stolen materials if mailed)

B Class & Test Information:

Course Name: _____

Exam Name: _____

Number of Copies: _____

**INSTRUCTOR'S NAME MUST BE
ON EACH TEST**

Deadline Date: _____

Time Limit: _____ hour(s) _____ minutes

****Please enter regular class time only. Testing Services staff will adjust accordingly for disability accommodations****

C Materials allowed during testing:

NO MATERIALS PERMITTED Scratch Paper Textbook Calculator _____

Notes (please specify): 3x5 card 4x8 card 8.5x11 sheet Single Sided Double Sided

Other: _____

All materials will be collected and attached to student's test unless otherwise instructed

D Students will answer on:

Test Scantron Blank Blue Book Other _____

E Special Instructions:

(Instructor must list the names of students to be tested. Testing Services staff will enter date student tested.)

Disability Services	Student's Last Name	Student's First Name	Accom	Date Taken	Staff Out	Staff In	Received By (Instructor)	Date
1. <input type="checkbox"/>								
2. <input type="checkbox"/>								
3. <input type="checkbox"/>								
4. <input type="checkbox"/>								
5. <input type="checkbox"/>								

*TC Use Only		1 - 1.5X	2 - 2X	3 - Oral	4 - Calc.	5 - Enlrg.	6 - CCTV	7 - Ans./Test	8 - Spell Ck.	9 - Isolation	10 - Other	*TC Use Only	
Disability Services	Student's Last Name	Student's First Name					<i>Accom</i>	Date Taken	Staff Out	Staff In	Received By (Instructor)	Date	
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