

## **Test Administration Request Form**

(for External Campus exams)

This form must accompany each test (electronic or paper) and must be received 5 business days prior to administration of the test.

A Testing Fee of \$25.00 is to be paid through NMSU-A's Business Office in Room CB 303.

Test/Quiz Title:	Section:		
Course:			
Test Start Date:	Time Limit:	Test End Date:	
Please indicate whether the	e student is allowed t	to use any or all of the following:	
☐ Extended Time (SPECI	FY):		
Answer Format (Supplies an	nd Scantron form mus	st be provided by Instructor):	
☐ Answer Sheet Provide ☐ Computer Test / Web	d Scantr Format (SPECIFY PROG	RAM NAME):	
-	-		
☐ Send via PDF Email	☐ Send by Po	ostal Mail (Provide SASE)	
Other Instructions / Comm	ents:		
Password for Web Exams:			
		Date:	
Instructor Signature: Contact Phone:			
		Term:	
Campus Title and Address			
FOR ASSESMENT / TESTING CEN	TER STAFF ONLY		
Date test arrived:	Procto	or Signature:	
Date test returned:	Procto	or Signature:	

Revised: 2/10/2012