ACADEMIC AFFAIRS TESTING REFERRAL FORM

Student is responsible to make the testing appointment online at scf.edu/testing
Bradenton 941-752-5238                Venice 941-408-1540

PLEASE RETURN THIS FORM TO THE ASSESSMENT/TESTING CENTER 5 BUSINESS DAYS PRIOR TO TEST APPOINTMENT

STUDENT SECTION

TODAYS DATE:______________

Student ID Number

| G | 0 | 0 |

Student Name:________________________________________

Course Title:________________________________________

Instructor's Name:____________________________________

INSTRUCTOR SECTION

CRN:_________ Section:____ Test Date(s):_________________ Time Limit:_________________

(Test must be taken by this date)

Please note below whether the student is allowed to use any or all of the following:

<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculator</td>
<td>Private Test Area</td>
</tr>
<tr>
<td>Notes</td>
<td>Specialized Testing</td>
</tr>
<tr>
<td>Book</td>
<td>Equipment [please specify below]</td>
</tr>
<tr>
<td>Extended Time (per instructor approval)</td>
<td>Other [please specify below]</td>
</tr>
</tbody>
</table>

Other instructions:____________________________________

X

INSTRUCTOR SIGNATURE    DATE    PHONE NUMBER    DEPARTMENT/BUILDING NUMBER

TEST/ EXAM RETURN INSTRUCTIONS SELECTION

Instructor will personally pick up test/exams from the Assessment/Testing Center:______________ Intercampus mail delivery:______________

IF TEST IS NOT TAKEN BY DATE MENTIONED ABOVE THE TEST SHOULD BE:

______HELD UNTIL NOTIFIED BY INSTRUCTOR    ______RETURNED IMMEDIATELY

Additional comments:____________________________________

FOR OFFICE USE ONLY ASSESSMENT/TESTING CENTER STAFF SECTION

Date test(s) arrived:_________________ Signature:_________________

Date test(s) returned:_________________ Signature:_________________

☐ Referred to the Disability Resource Center    ☐ Returned untested    Revised: 2/2011