Rockville Assessment Center/ Phone #: 240-567-7459
Academic Test Request Form (TRF)

Professor's Name _____ MC Tel.No./Ext. _____
Last First

Day/Evening No. _____

Course No. _____

Test Name _____

Begin Date _____ End Date _____

Number of Tests Submitted _____

Time Allowed: Hours _____ Minutes _____

Please check if this is a
DL COURSE ☐ BLENDED COURSE ☐ DSS STUDENT(S) ☐

Student(s) may record answers on:

Test Copy ☐

Scantron ☐ (A.C. Issued)

Printout ☐

Ruled Paper ☐ (A.C. Issued)

Other ☐ Specify _____

Student(s) may use:

No Aids ☐

Calculator:
Basic ☐ Scientific ☐ Graphing ☐
Programmable ☐

Dictionary: English ☐ Foreign Language ☐

Scratch Paper ☐ (A.C. Issued)

Textbook/Ref. Book ☐ Specify _____

3x5 Cards ☐ Specify _____

Notes ☐ Specify _____

Computer/Software ☐ Specify _____

Other Aids ☐ Specify _____

For use by Assessment Center staff only.

Drop Box Yes ☐ *No* ☐

Test Received by _____ *Date* _____ *Time* _____

Data Entered by _____ *Date* _____ *Time* _____

Revisions by _____ *Date* _____ *Time* _____

Revisions by _____ *Date* _____ *Time* _____

Revisions by _____ *Date* _____ *Time* _____

Staff's Initials _____ *Date* _____ *Time* _____

Name and ID Number of Authorized Students:
►List students' names and ID numbers or attach a clean roster.
►Indicate students requiring double time with an asterisk.

	Last Name	First Name	MC ID#	Test Taken	Faculty's Initials
1.				☐	
2.				☐	
3.				☐	
4.				☐	
5.				☐	
6.				☐	
7.				☐	
8.				☐	
9.				☐	
10.				☐	

Special Instructions/Accommodations:
(If detailed instructions are required, please provide a written copy for each student.)

_____

_____

_____

_____

Please do not write below this line.
For use by Assessment Center staff only.

Staff's initials

_____

_____

_____

_____

_____

_____

Final transaction only

# of completed tests ☐

# of incomplete test ☐

Professor's Signature _____

8/21/2015 13:18