Charleston Southern University
STUDENT SUCCESS CENTER
TESTING CENTER
A COPY OF THIS FORM MUST ACCOMPANY EACH TEST

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STUDENT INFORMATION
Student’s Name: ________________________________________ ID: ______________
Reason for testing: □ Special Needs □ Athlete □ Make-up
□ Other: (please specify) __________________________________________
Course Number: ________________ Course Title: ______________________________
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APPOINTMENT INSTRUCTIONS
Date Test Is To Be Given: (if known): __________________________________________
Time Allotted: _____________________________________________________________
Do we have your permission to reschedule the appointment if the student makes the request? □ No □ Yes
Testing Deadline: Test can be given no later than: Date: ____________________ Time: ___________
(If this is not filled in we will assume student has no time frame in which to take the test.)

May the student use any of the following during the test?
□ Dictionary □ Notebook paper □ Calculator □ Thesaurus □ Textbook
□ Computer □ Scantron □ Other: (please specify) ________________

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RETURN INSTRUCTIONS
Please check one (if not checked, the test will be kept in the Testing Center for pick up):
□ I will pick up the completed test in the Testing Center.
□ Return the completed test to me via campus mail.
Location or Building: ________________________________________________
NOTE: If tests are sent through campus mail, the Testing Center is not responsible for lost tests.

Professor’s name (please print): __________________________________________
Telephone: _____________________email: _____________________________________

PROFESSOR’S SIGNATURE DATE
1. We will not administer tests without professor’s instructions.
2. A locked drop box is available in the Testing Center to receive your tests.
3. Faxed or emailed tests must also include cover sheet (Please confirm receipt by calling 863-8025).
  Fax number: 863-8030  Email address: testingcenter@csuniv.edu

------------------------------------------------------------------- For SSC use only-------------------------------------------------------------------
Test administered by: ______________________ Start time: __________ End Time: ____________

Updated 2/28/2013 (testing center form.doc)