

# Charleston Southern University

Student Success Center

## TESTING CENTER

A COPY OF THIS FORM MUST ACCOMPANY EACH TEST  
ALL OF THE FOLLOWING INFORMATION **MUST BE COMPLETED**

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_

Reason for testing:  Special Needs  Athlete  Make-up  Other: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

**DATE TEST IS TO BE GIVEN (if known):** \_\_\_\_\_  
**Time Allotted:** \_\_\_\_\_

### 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  Calculator  Pen (Blue or Black Ink Only)  
 Thesaurus  Computer  Other: \_\_\_\_\_  
 Textbook  Notebook Paper

### 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.  
 Please return the completed test to me via campus mail:  
Location or Building: \_\_\_\_\_

1. Professor needs to pick up the completed test within a week of test date.
2. If tests are sent through campus mail, the Testing Center is not responsible for lost tests.

Professor's Name: \_\_\_\_\_ **(Please Print)**

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**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 e-mailed tests are accepted but not recommended. (Please confirm receipt by calling 863-8025.)**

**Fax number: 863-8030 E-mail address: testingcenter@csuniv.edu**

----- For SSC use only -----

Test administered by: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_