

TEST TRANSMITTAL FORM

Instructor: _____ Home Campus: _____ **STUDENT DEADLINE: (Mon – Fri ONLY)** _____

ACC Phone #: _____ Other # (not to be released to students): _____ Semester & Year _____

Course Abbreviation: _____ Course Number: _____ Test Number _____ Form(s): _____ # of Copies: _____

Course Synonym(s) and Section Number(s): (1) _____ / _____ (2) _____ / _____ (3) _____ / _____ (4) _____ / _____

Test(s) available at these campuses (✓):

All Campuses CYP EVC FBG NRG PIN RGC RRC RVS SAC HLC HYS EGN

Check All That Apply (✓): On-Campus (LEC or HYC) Distance Learning (DIL or HYD)

Check All That Apply (✓): Initial Test Retest Make-up for courses not approved for Initial testing...**25% restriction per section rule applies**
 Make-up for courses approved for Initial testing Computer-Based Test Item Analysis Test to Remove Incomplete Grade

Check All That Apply (✓): Student Writes on Test Copy Attach Test Copy to Student Answers Instructor's Written Permission Needed

Supplemental Materials (✓): Instructor Designed Answer Sheet Red Scanform Answer Sheet* English Dictionary*
 Provided by Testing Center Scratch Paper Green Scantron Answer Sheet* Thesaurus*
 Lined Paper* Foreign Language Dictionary (**No Electronics**) word-to-word only with definitions
 Graph Paper Student Notes, # of sheets _____ (**8 1/2" x 11" only, Max. 3 Sheets-enforcing only sheet #**)
 Calculator: Specify Type (**TI Nspire NOT Allowed**) _____ Other (**Books Are NOT Allowed**) _____

Completed Test(s) (✓): Return via Campus Mail to Home Campus (test taken at Instructor's home campus will not be mailed)
 Hold for Pickup by Instructor

Return Blank/Extra Tests to Instructor (✓): Specify Date (Mon – Fri ONLY) _____ One Year from Date Submitted (**Distance Learning Only**)

I understand the Testing Center will fax my exam(s) to another Testing Center when need arises.

I understand that I must abide by the *Testing Center Procedures* and that only those exams submitted accordingly will be processed.

I must include a copy of the *Procedures for Student Use of Testing Centers* in my class syllabus.

Testing Centers **MUST** receive exams 2 working days before exams will be available to students.

Tests must be received in an Testing Center nine (9) days before the last day of the semester. See posted deadline online at www.austincc.edu/testctr

Instructor's Signature _____

Date _____

E-mail Address _____

TESTING CENTER USE ONLY

Date Received in Testing Center _____ Computer Record Number _____