



**Office Use Only**

Appointment Date & Time: \_\_\_\_\_

Start Time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

**Assessment Center  
Request for Exam(s)  
505.925.8569**

This form must accompany all makeup, midterm, and final exams. Exams should be received 24 hours before any scheduled appointment date. Exams are by **appointment only**. Students must schedule a testing session with the Assessment Center via [Bookings Link](#) (Use Exam Testing option) or by calling 505.925.8569.

Please enclose this form with the exam in a sealed envelope to the Assessment Center located in the Student Services building. **To ensure test security, DO NOT allow a student to hand carry an exam. Please hand the envelope to an Assessment Center or Front Desk staff member to be properly stored.**

**Testing Information (Please Print)**

Instructor \_\_\_\_\_

Student \_\_\_\_\_

Course \_\_\_\_\_

Instructor's Phone \_\_\_\_\_ Instructor's E-mail \_\_\_\_\_

**Special Instructions for each exam:**

\_\_\_\_\_ May use textbook

\_\_\_\_\_ May use personal notes

\_\_\_\_\_ May use a calculator

\_\_\_\_\_ May use dictionary or thesaurus

\_\_\_\_\_ Proctor Exam

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Special Accommodations: \_\_\_\_\_

Time Allowed for Testing: \_\_\_\_\_ Exam Deadline: \_\_\_\_\_

**I have informed the student that they will need to schedule the exam at the Assessment Center via this [Bookings Link](#) (Use Exam Testing option) or by calling 505.925.8569 and bring a valid picture ID to their testing session.**

Instructor's Signature \_\_\_\_\_ Date: \_\_\_\_\_