

DELTA COLLEGE TESTING SERVICES REQUEST FORM

Testing Center, A133 ♦ 1961 Delta Road ♦ University Center, MI 48710
Phone: 989-686-9182 ♦ Fax: 989-667-2213 ♦ e-mail: testingcenter@delta.edu

EXAMINEE INFORMATION

Name	
Street Address	
City, State, Zip	
Telephone	
e-mail	
Appointment Date & Time: 1 st Choice	
Appointment Date & Time: 2 nd Choice	

EXAM INFORMATION

Exam Name/Course Title	
Type	<input type="checkbox"/> CLEP <input type="checkbox"/> DANTES/DSST <input type="checkbox"/> PROCTOR

PROCTORED TESTS ONLY

College/University	
Instructor/Contact	
Phone Number	
e-mail/Fax Number	
Time Allowed	
Format	<input type="checkbox"/> Paper/Pencil <input type="checkbox"/> Computer

DO NOT WRITE IN THIS SECTION – FOR OFFICE USE ONLY

Exam Date	Exam Time	Start:	Stop:
Proctor Signature / Date			

Confirmation Notice:

Appt. Calendar:

Stats:

ATC Receipt#:

Processed by: _____

DELTA COLLEGE ADMINISTRATION FEE - \$35

Cashier – Deposit into Testing Fees	Discover Card / MasterCard / VISA		
Receipt #			
Amount Paid	Expiration -	3 Digit Code -	
Date Paid	Cardholder Name -		
Received by	Billing Address -		