

## **DELTA COLLEGE TESTING CENTER**

1961 Delta Road, A133 University Center, MI 48710 Phone: (989) 686-9182

Fax: (989) 667-2213

## **TESTING SERVICES REQUEST FORM**

EXAMINEE INFORMATION			
Name:			
Address:			
Telephone:			
E-mail:			
Appointment Preferences:			
EXAM INFORMATION			
Exam Name/Course Title:			
Type (please pick one):	☐ CLEP ☐ Dantes/D	SST   Proctor	
INSTITUTION INFORMATION	(If Applicable)		
Institution Name:			
Instructor/Contact:			
Phone Number:			
E-mail:			
Time Allowed:			
Format (please pick one):	☐ Paper/Pencil ☐ Computer		
APPOINTMENT INFORMATIO		– DO NOT WRITE	
Exam Date:	Time:	Reschedule:	Time:
	TA COLLEGE ADMINISTRAT		
Cashier – Deposit into Testing Discover/MasterCard/Visa			
Fees Receipt #	Number (Ame	erican Express not accepted)	
Amount	Expiration:	CVV:	
Date	Cardholder Name:		
Received by	Billing Address, State, Zip:		
neceived by	שווווון העטו באיז, אומוב, בוף.		

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