Test Referral Form – Assessment/Testing Center (ATC)

**A valid photo I.D. must be presented at the time of testing.**

- Make an appointment online at [www.scf.edu/testing](http://www.scf.edu/testing).
- Complete the student section below and deliver to your instructor (5 business days before test).

**Student’s Section (Please deliver to instructor 5 business days before test.)**

Student’s Name: _______________________________       G00#: ____________________
Instructor’s Name: ______________________________      Course: ________Test_______
Appointment Date: _____________________________       Appointment Time: _________
Test will be taken at:   ____ Bradenton Campus    ____ Venice Campus    ___LWR

Please attach this form to the test. The ATC is not able to administer tests without a completed Test Referral Form.

- Test delivery options: drop off at ATC office, send by campus mail or email:
  - Bradenton ATC:  bradentontesting@scf.edu
  - Venice ATC:  venicetesting@scf.edu
  - Lakewood Ranch: drop box CIT bldg., room 208-no email

A) What is the last date test must be taken by? ___________   Time? __________
B) Amount of time CLASS is allotted. (ATC staff will calculate the time for DRC students.)
   _______ hours     _______ minutes
C) Total number of pages in this exam: _______
D) Instructor authorizes the CLASS to use the following for this test:
   ____Notes   ____Calculator-provided by student   ____Textbook   ____Formulas
   ____Calculator-provided by SCF Department   ____ Scantron

Scratch Paper ___Yes ___ No  (If nothing is checked, scratch paper will be provided.)

Other Testing Instructions: __________________________________________________________
(Such as: additional test time, or specific type of allowed calculator).

Check here if this is an online test. _____ Enter password if needed: _____________
The test should be returned to the instructor by:
   ______ Interoffice Mail / Building # ______   OR   _____Pick up at ATC
   OR   _____ email __________________@scf.edu

Instructor’s Signature: __________________________

**Instructor’s Section (Please deliver exam to the ATC 3 business days before test)**

Date test arrived: __________________________  Initials: ____________________
Date test returned: _________________________   Initials: ____________________
Date test returned untested: ___________________  Initials: ____________________

*** This Form is available in alternate formats, upon request.  Revised 10_16_2017**