

Received: #Test:\_

By:\_

Date:\_

Test Information Form Phone: 443-518-1200, opt. 5 Faculty Line: 443-518-3265 RCF-359 & RCF-366

Email: testcenter@howardcc.edu

Student Appointments: www.registerblast.com/howardcc

Instructions: Fill out the required form items. Proofread your form before submitting. Deliver all testing materials 48-72 hours prior to the first date of administration. Remember, tests cannot be delivered by students or via interoffice mail per College Policy.

<u>Inst</u>	ructor and Test Informat	<u>ion</u>											
Instr	ructor's Last Name:			Test Name:									
Instructor's First Name: Instructor's Phone Number: Instructor's Email:			First Date of Administration:  Last Date of Administration:  Time Limit:										
							Course Number:			Check for accommodations:			
								box Location: ct only 1)	FL	LS	BET	HS	HOLD (at TC for pickup)
	nt Information. Note: Ma ent Name	ximum Number	of Students is TWELVE. Please Date Tested	se include first and last names. Student Name		Date Tested							
	Materials and Privileges												
Paper B	Based Tests		Testing Materials		Computer Based Tests								
	Directly on Exam	ı	NO MATERIALS ALLOWED	Calculator (select type below):	Canvas	MyMathLab							
Α	Answer Sheet/Scantron	-	Test Center Scrap Paper		Examplify	ATI							
В	Blue Book	I	Dictionary	Notes/Index Card	MyAcctLab								
M	licrosoft Word	-	Гехtbook		PASSWORD:								
Addition	nal Instructions:				. Alogirond.								

TEST CENTER USE ONLY

Total Tests Administered:

By:

Revised: 10/28/2025

Return Date: