TESTING & ASSESSMENT CENTER

Room 8212 / Phone: (650) 949-7743 / Email: fhtesting@fhda.edu

REQUEST FOR STUDENT OFF-SITE ACCUPLACER PROCTORING

Per your request to take an Accuplacer assessment test at an off-site location, please complete this form and submit it to the Foothill Testing & Assessment Center (TAC) at fittesting@fhda.edu. It is the student's responsibility to confirm a proctor and then TAC will follow up with your proctor. This process can take up to **five (5) business days**.

Student Name:		Foothill ID No.:	
Email:	Phone No.:	DOB:	
1) Check Your Requested A	ccuplacer Assessment Tes	et(s):	
English	/ English as a Second L	Language (ESL) /	Math
2) Indicate the institution o A proctor CANNOT be a family men proctors from another institution. I Assessment Center.	nber, relative, or friend. Eligible p	roctors include: counselors, te	achers, librarians, or
Institution:	Testing Date:		
Proctor Name:	Title	e:	
*Email:	Pho	one:	
*Must be a valid academic email a accounts.	address. Emails cannot be sent ou	ıt to Gmail, Hotmail, MSN, Yaho	oo, or other general
Student Signature:		Date:	
By signing above, I grant Foot email address that I listed abo	e .	ail me my assessment test	ing results my
1) Date Received:	3) Date Proctor Packet Se	ent: Comments:	
2) Date Proctor Confirmed:	Proctor Username & Pa	ssword Sent	

FOR OFFICE USE ONLY - Do not complete

Yes / No