Attachment A
Request to Take ACCUPLACER® at a Remote Location

Student Name: __________________________ Student ID#: _________________________________
Address: ________________________________ City, State, Zip: _______________________________
Email: __________________________________ Phone: ______________________________________

Please fill out the following information regarding the proctor who has agreed to administer/proctor the ACCUPLACER® tests to you. It must be someone from a test center at an academic institution. (All sections must be filled in!)

Proctor Name: ___________________________ Institution: __________________________________
Mailing Address: _________________________ City, State, Zip: _______________________________
Phone: _________________________________ Fax: ________________________________________
E-mail: _________________________________

Please fill out the above form and return to:

Tom Mahon/Testing and Tutoring Coordinator
SDSM&T
Thomas.mahon@sdsmt.edu
(605) 394-2428