



Student Request for Accuplacer Distance Testing

Student's Name: _____

Century Student ID Number or SSN: _____

Address: _____

Email address: _____

Phone: _____

Date you will be testing: _____

Please mark which assessment test(s) you need to take:

- Reading Comprehension
- Sentence Skills (English)
- Math

Please provide the following information regarding the person who has agreed to administer and proctor the ACCUPLACER tests for you. (All sections must be completed.)

Proctor's Name: _____

Institution: _____

Mailing Address: _____

Email address: _____

Phone: _____

*Any fees that the proctor may charge are the responsibility of the student.

Please fill out the above form and mail to:

Century College
Testing Center
3300 Century Ave N
White Bear Lake, MN 55110

Or

Fax to 651.779.5811

****The form must be received **at least 2 business days** in advance of your scheduled test date.*