

## **Del Mar College Testing Center**

3013 Ayers St.
Corpus Christi, TX 78404
Phone: 361-698-1645

Fax: 361-698-2219 testing@delmar.edu

## **Correspondence Request Form**

## **EXAMINEE INFORMATION:**

| Name:                      | Semester:   |                     |
|----------------------------|---|---------------------|
| Date of Birth: Telephone N |   | ımber:              |
| Email                      | Address:  |                     |
|                            | ITUTION INFORMATION:  |                     |
| Name                       | of Institution:   |                     |
| Instructor Name:Phone N    |   | one Number:         |
| Street                     | Address:  |                     |
| City, S                    | State, Zip Code:  |                     |
| Fax N                      | umber:Email A   | Address:            |
| COUL                       | RSE INFORMATION:  |                     |
| Course Name:               |   | For Office Use Only |
| Course Ivame.              |   | Date Received:      |
| Course Number:             |   | Date Processed:     |
|                            |   | Staff Initials:     |
| REMI                       | INDERS:   |                     |
| 1.                         | Examinees will receive an email with instructions to pay Center receives <b>ALL</b> exam materials. Examinee <b>must</b> so   |                     |
| 2.                         | The Testing Center Staff will not schedule an appointment until the exam is received. This form needs to be submitted one week prior to desired test day.                 |                     |
| 3.                         | Examinees are required to provide a valid, unexpired, photo ID to test.   |                     |
| 4.                         | It is the examinees <b>responsibility</b> to notify their institution and complete this form prior to scheduling. Del Mar College will provide scratch paper and pencils. |                     |
| 5.                         | There is a \$20 proctor exam fee per exam.  |                     |
| 6.                         | All examinees are required to abide by Del Mar College Testing Policies and Procedures.   |                     |
|                            | By checking this box, I agree to the above guidelines   |                     |
|                            |   |                     |
|                            | Examinee Signature  | Date                |