



## Student Request for ACCUPLACER Remote Testing

Student Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Skype Username (not required) \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Institution/Affiliated Organization & Address: \_\_\_\_\_

Please fill out the above information and return to:

Amanda Enriquez – Intercultural Program Coordinator

Northwest College

[amanda.enriquez@northwestcollege.edu](mailto:amanda.enriquez@northwestcollege.edu)

Fax: (001) 307-754-6245