INSTRUCTOR: Please fill in the relevant data and attach this form to each test to be administered. Send to the ACTT Center.

Student's Name: ________________________________  
(Please print)

Instructor: ________________________________  
(Please print)

WILL PICK UP _________ SEND BY CAMPUS MAIL__________

Address for campus mail:  
If you need this document in another format, please contact the ACTT front desk, Gainesville Campus at 678-717-3766.

Course Title: ________________________________

Time Allocated: ________________________________

Materials or Aids Allowed: ________________________________

Date Administered

Time Administered

Time Returned

Test Administrator

ACTT Center USE ONLY

ACTT Center will verify student Identity.

Method of Verification:  
Driver’s License  Student ID  Other

Test Must Be Completed By: ________________________________