



KENTUCKY TECHNICAL UNIVERSITY EXAM SCHEDULING REQUEST

STUDENT NAME

STUDENT ID

DATE

MENTOR

PROGRAM

EFFECTIVE

HOURS ATTEMPTED THIS TERM

HOURS COMPLETED THIS TERM

MONTH OF TERM

COURSE ID

COURSE NAME

FIRST PREFERED TEST CENTER

FIRST PREFERED TEST DATE

SECOND PREFERED TEST DATE

FIRST PREFERRED TIME

SECOND PREFERED TIME

SECOND PREFERED TEST CENTER

SECOND CENTER PREFERED TEST DATE

SECOND CENTER PREFERED TEST TIME

I AM SUBMITTING THIS FORM TO SCHEDULE THE PROCTORED EXAM FOR THIS COURSE. I UNDERSTAND THAT THIS REQUEST IS SUBJECT TO AVAILABILITY. I UNDERSTAND THAT I SHOULD ONLY SCHEDULE AN EXAM AFTER I HAVE REVIEWED THE COURSE MATERIAL AND UNDERSTAND THAT AFTER TWO EXAMS I AM RESPONSIBLE FOR ALL TEST FEES.

STUDENT SIGNATURE



KENTUCKY TECHNICAL UNIVERSITY EXAM SCHEDULING REQUEST

STAFF NAME:

ADVISOR MENTOR ADMIN SERVICES ACADEMICS

REFER TO PROVOST'S OFFICE