



Main Campus Testing Center
 P. Dan Hull 3
 P.O. Box 4386
 Spartanburg, SC 29305
 (864) 592-4966

SCC Student Request for Testing Offsite

Fall

Spring

Summer

Applicant Information

Full Name: Date: **Select Date**
Last First M.I.

Phone: SCC Email

Instructor(s)	Course Name & #	# of Tests	Permission (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever tested offsite before? If yes, explain

Offsite College Contact person Address

Email
 Phone

Additional comments:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I have read the online instructions for testing offsite at www.sccsc.edu/offsite/

I also understand I am responsible for any fees incurred for testing offsite.

Signature: Date: **Select Date**

Office Use Only

Proctor Contract Sent /
Date Initials

Proctor Contract Rec'd /
Date Initials

Instructor /
Date Initials

Student emailed /
Date Initials