DISTANCE TESTING REQUEST FORM

Accuplacer Testing

This form is to be used if you would like to take the Accuplacer test at another institution. Complete this form and return it using the information located at the bottom of this page. Form must be received no later than 1 business day prior to test date.

Please complete all sections:

Date student will be testing, if known __________________________

Student Name ___________________________________________ RCTC Stinger ID # __________

Email Address ___________________________________________ Date of Birth __________

Phone Number ___________________________________________

Please provide the following information regarding the institution that has agreed to administer and proctor the Accuplacer test for you.

*The proctor for remote testing must not be a relative or live with the student. Also, the test cannot be taken at a personal residence. Suggested testing locations are a library, school or workplace.

Proctor Name ___________________________________________ Proctor’s Title ___________________

Institution _____________________________________________ Phone Number ____________________

Email Address ___________________________________________

Please Return To:
Welcome Center Phone: (507) 285-7557
Email: admissions@rctc.edu Fax: (507) 280-5014

Office use only:
Date Received: ___________ Date Sent: ___________ By: ___________