

UAS PLACEMENT TEST ADMINISTRATION AGREEMENT

To take the online placement test off campus, you and your designated proctor must complete this form and mail, email, or fax it to:

The Learning Center
University of Alaska Southeast
11120 Glacier Highway
Juneau, Alaska 99801

Phone: (907) 796-6348
(907) 796-6168
Fax: (907) 796-6225
Email: testing@uas.alaska.edu

Designated proctor must be affiliated with an educational institution such as a university, school, or library and must have a verifiable work address and phone number. In towns where no professional educators are available, other community leaders (e.g., ministers) can serve as test supervisors if approved by the UAS Learning Center. All tests must be administered in a professional setting. Proctors cannot be prospective UAS students or related to the test-taker.

Student Information

Student's name: _____	First	Last	M.I.	Exams you would like to take: (Check all that apply)
Student's phone: _____				Math _____ English _____ <u>A</u> bility <u>T</u> o <u>B</u> enefit _____ (ATB is for individuals without GED or HS diploma)
Student's ID number (SSN) _____				Last math course: _____
Student's address: _____	Street or P.O. Box			Title and content _____
City _____	State _____	Zip _____		Grade received: _____ Years Ago: _____
				Is English your first language? Yes/No

Do you have any learning disability that might require special accommodations? _____

Your Math and Ability To Benefit results will be available immediately, and your English results will be available within 2 business days.

Proctor Information

I agree to administer the tests selected by the student whose name appears above. These tests may include UAS English prompt, UAS math, and UAS Ability To Benefit exams.

The tests must be taken under your direct supervision. If you do not have internet access, alternative arrangements can be made. Further instructions will be emailed to you.

Proctor's name _____	Title _____	Signature: _____	Date: _____
EMAIL ADDRESS (required): _____			
Institution _____		Phone: _____	
Mailing Address _____	Street or P.O. Box _____	Fax: _____	
City _____	State _____	Zip _____	