

**ACADEMIC TESTING CENTER**

**700 University Blvd**

**MSC 147**

**Kingsville, TX, 78363**

**PHONE (361) 593-3303 FAX (361) 593-4859**

**INSTRUCTIONS FOR LARGE GROUP TESTING (TSI)**

The Academic Testing Center (ATC) provides proctoring (supervised testing) services for TAMUK and non-TAMUK students participating in a large group testing. Large group testing (not including ACT/LSAT) done by the ATC is held at Eckhardt Hall, Room #258, unless a specified location is requested.

It is the REQUESTOR’S responsibility to notify Academic Testing Center at **least two weeks** prior to the exam date that is being requested.  The Academic Testing Center must approve the date and time. Please fill out the form below and submit it electronically.

All student information and payment must be submitted at **least one week** prior to the testing date.

Failure to follow these procedures will result in cancellation of the event.

**For TSI testing, the following information is needed 1 week before testing:**

Student information:

-Name (Last, First)

-Student ID or Phone Number

-Date of birth

TSI test(s) needed

The Requestor must submit the Request Form via email to: [testing@tamuk.edu](mailto:testing@tamuk.edu).

***All emailed forms must be submitted from the Requestor’s institutional email in order to be considered valid.***

For more information regarding proctoring services, please call (361) 593-3303 or email Laura Clarke, Testing Coordinator at [laura.clarke@tamuk.edu](mailto:laura.clarke@tamuk.edu).



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**TSI LARGE GROUP TEST PROCTORING REQUEST**

|  |  |
| --- | --- |
| **Today’s Date:** |  |

|  |
| --- |
|  |

**Requestor Name:**

|  |
| --- |
|  |

**Requestor Dept. /Institution:**

|  |
| --- |
|  |

**Requestor Phone number:**

|  |
| --- |
|  |

**Email Address:**

|  |  |
| --- | --- |
| **How many students will be testing: \_\_\_\_\_\_\_\_\_** | **Will you be able to provide all the required information as instructed above? \_\_\_\_\_\_\_\_\_\_\_\_**  **If no, why?** |

|  |  |
| --- | --- |
| **Any special accommodations needed?**  **(Must be notified 2 weeks prior to testing)** |  |

**Any additional information or special instructions for proctors:**

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**Signature of Requestor Date**

**Requestor after hours preferred method of Contact:**

|  |
| --- |
|  |

**Cell Phone:**

|  |
| --- |
|  |

**Email address:**

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| **Time Students Started:** | |
| **Time Students Finished:** | **Name of Proctor:** |