

Testing Center Reservation Request

Date of Request: _____/_____/_____ ___ New Reservation ___ Update/Change
Reservation

Name of Requestor: _____

Requestor's e-mail address: _____@lsuhsc.edu

Requestor's phone number: _____ - _____

Course number: _____

Course title: _____

Exam schedule – Please provide the requested dates and times for the course exams. If updating a reservation, provide the original date/s submitted.

Exam Date (m/d/yy)	Length of Exam including Extra Time (HH:mm)	Exam Start Time (HH:mm)	Exam End Time (HH:mm)	# Students	Original Exam Date

Submit Button

Form will be e-mailed to Elizabeth Levitzky and AHNO PC Support