

## 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

  
*Form will be e-mailed to AHNO PC Support*