Testing Center Reservation Request

Date of Request: _____ / _____ / _____

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.

Exam Date (m/d/yy)	Exam Start Time (HH:00)	Exam End Time (HH:mm)	# Students in Test Center (Room 332)	Additional Time Needed for Accommodation (H:mm)	# Students in Room 302

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