

**MCAS Yuma-Education Center  
Testing Request Form**

**EXAMINEE INFORMATION**

Rank/Title \_\_\_\_\_

Name: (Last, First, MI) \_\_\_\_\_

Branch of Service \_\_\_\_\_

Unit \_\_\_\_\_

Phone (work and/or cell) \_\_\_\_\_

Email \_\_\_\_\_

SNCOIC/OIC Name \_\_\_\_\_

SNCOIC/OIC Email \_\_\_\_\_

SNCOIC/OIC Signature \_\_\_\_\_

**TEST INFORMATION**

**Please check the test you are requesting to take.**

<input checked="" type="checkbox"/>	<b>Test Name</b>	<b>Total Testing Time</b>	<b>Requested Test Date (See testing schedule)</b>	<b>Last test date (if applicable)</b>
<input type="checkbox"/>	<b>AFCT</b>	3.5 hours	_____	_____
<input type="checkbox"/>	<b>ACT</b>	5 hours	_____	_____
<input type="checkbox"/>	<b>CLEP</b>	2 hours	_____	_____
<input type="checkbox"/>	<b>DLAB</b>	2 hours	_____	_____
<input type="checkbox"/>	<b>DLPT</b>	6 hours	_____	_____
Language: _____		<i>*Note: Full SSN will need to be provided when turning in request for DLPT exams.</i>		
<input type="checkbox"/>	<b>DSST</b>	2 hours	_____	_____
<input type="checkbox"/>	<b>SAT</b>	6 hours	_____	_____
<input type="checkbox"/>	<b>TABE</b>	2 hours	_____	_____
<input type="checkbox"/>	<b>Other</b>	_____	_____	_____
<input type="checkbox"/>	<b>College Exam</b>	3 hours (approx)	_____	_____
Name of School		_____		
Name of Course		_____		
Instructor's Name		_____		
Instructor's Email address		_____		
Instructor's Phone #		(      ) _____		
Exams will arrive by		<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax

**Note: By submitting this form you are agreeing to the following terms and conditions:**

1. I will get approval from my school/command of my decision to test at MCAS Yuma's Education Office.
2. I will verify that my school has issued my test. (College Exams Only)
3. I will verify that MCAS Yuma Education Office has received my test. (If applicable)
4. I have scheduled and received confirmation for my test date and time.
5. I will notify the MCAS Yuma Education Office in the event that I cannot or decide not to take the test or in the event that I am late or need to reschedule.

**Please submit Testing Request Form to the Education Center a minimum of 7 days prior to day of testing.  
Fax # (928) 269-3334 or email: cindy.harris.ctr@usmc.mil**

\*\*\*\*Education Center's Use Only\*\*\*\*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_