Ventura College
Testing Appointment Request Form

*Name: _____   ***VC Student ID:**_____

*DOB: _____   ***Phone:** _____

*Email: _____   ***2nd Phone:** _____

Instructions:

1. **Please select three (3) dates/times that you will be available to test.**
   (For dates and times check the Ventura College website (see link below) or obtain a printed schedule at the Assessment Office)
   www.venturacollege.edu/departments/student_services/assessment_testing/index.shtml

2. **Please list your choices in order of preference.**

NOTICE:

Dates/times will be scheduled on a ***first-come, first-served basis***. You will be notified regarding the time and date of your testing session either by phone or email.

Choice	Date	Day	Time
*1st			
*2nd			
*3rd			

(*Required fields)