

EXAM REQUEST FORM

Advisor use ONLY – Please print legibly & completely

STUDENT NAME: _____ Date: _____

NSU #: _____ NSU email: _____@nova.edu

ADVISOR'S NAME (PRINT): _____ EXT: _____

ADVISOR'S NSU E-MAIL: _____@nova.edu
(Referral by advisor confirms student eligibility for this exam)

MAJOR/COLLEGE: _____ STUDENT START SEMESTER: _____

Challenge/Placement Exams

The following exams may each be taken only once, & they must be taken prior to the start of the first semester at NSU.

_____ MATH CHALLENGE – Accuplacer

_____ WRITING CHALLENGE – WCE

_____ Main Campus – Testing Office

_____ Online/SEC students

_____ SPANISH PLACEMENT

_____ TECH 1110 CHALLENGE

Exams for Credit ~ Please Indicate the Official Name of the Exam

Exams taken for college credit must be completed before earning 24 credits at NSU.

_____ CLEP Exam _____

_____ DSST Exam _____

_____ NYU Language Exam _____ Check one: 4 , 12 , or 16 points

Appointments are required, test appointment must be made by the student no later than two weeks after form is dated and signed.

Testing Services: (954) 262-8374, Parker Building, Suite 100
Academic advisors ~ please email completed form to: testingservices@nova.edu

TESTING SERVICES USE ONLY: Date entered/Black Board: _____ Initials: _____
Date/results in Banner: _____ Initials: _____ Date Stud./Adv. E-mailed: _____ Initials: _____