



North Hennepin  
Community College

## **Request to Take ACCUPLACER at a Remote Location**

Student's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please fill out the following information regarding the proctor who has agreed to administer/proctor the ACCUPLACER tests for you. It must be someone from a test center at an academic institution. (All sections must be filled in).**

Proctor's Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please fill out the above information and return to:**

Mail: North Hennepin Community College  
Testing Center – ES 108  
7411 85<sup>th</sup> Avenue North  
Brooklyn Park, MN 55445

Email: [TestingCenter@nhcc.edu](mailto:TestingCenter@nhcc.edu)

Fax: (763)493-0552

Telephone #: (763)424-0857

