

Chukchi Campus

College of Rural & Community Development– UAF

PO Box 297 * Kotzebue, Alaska 99752 * (907) 442-3400 * FAX 442-2322

UNIVERSITY OF ALASKA – FAIRBANKS REQUEST TO THE ACCULACER at a Remote Location

Student Name: _____ Student ID: _____

DOB: _____ SSN: _____

Address: _____ City, State, Zip: _____

E-mail: _____ Phone: _____

Please fill out the following information regarding the proctor who has agreed to administer/proctor the ACCUPLACER tests to you. It must be someone from an academic test center and/or an educational institution.

Proctor Name: _____ Educational Institution: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ E-mail _____