

CCTST Test Administration Planning Sheet

THEC Performance Funding Foundation Testing Standard 1A

College _____

College Contact _____

Phone Number _____

E-mail _____

Return completed form to:
 Office of Institutional Research & Assessment
 211 UT Conference Center Building
 OR
 Fax: 865.974.1428

Format	Test Date	Number of Students	Test Proctor	Deliver to: (include name and address)
Dept: _____ <input type="checkbox"/> In Class <input type="checkbox"/> Special Session				
Dept: _____ <input type="checkbox"/> In Class <input type="checkbox"/> Special Session				
Dept: _____ <input type="checkbox"/> In Class <input type="checkbox"/> Special Session				
Dept: _____ <input type="checkbox"/> In Class <input type="checkbox"/> Special Session				
Dept: _____ <input type="checkbox"/> In Class <input type="checkbox"/> Special Session				