EDP Assessment Check-out Extension Request Form

Student Name: _____________________________________________ Banner ID: ____________________________

Student E-mail: ___________________________________________ Student Phone Number: _______________________

Course Name: _____________________________________________ Course Number: _____________________________

Professor’s Name: _______________________________________ Professor’s E-mail: ___________________________

Items Requesting for Extension:
Please list the specific assessment materials (be as detailed as possible, including forms, pens, pencils, etc.)
Please attach more pages as needed.

______________________________________________________________________________________________

_______________________________________________________________ Date

Student Signature

_______________________________________________________________ Date

Professor Signature

For Office Use Only:

____ Inventory available
____ Confirmed with professor
____ Cross-checked items with Check-out Form
____ Assessment items are in good condition
____ Other: _________________________________
____ Student returned unneeded assessment items

_______________________________________________________________ Date

EDP Staff Signature