

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.

Student Signature

Date

Professor Signature

Date

For Office Use Only:

- Inventory available
- Confirmed with professor
- Cross-checked items with Check-out Form
- Student returned unneeded assessment items

- Assessment items are in good condition
- Other: _____
- _____
- _____

EDP Staff Signature

Date