



# Web Based Testing (WBT) Request Form

**PLEASE ATTACH A TYPED LIST OF STUDENTS THAT WILL BE TESTING.**

College Name

Mailing Address (include suite # if applicable)

City

State

Zip Code

Program Director

Phone Number

Email

Secondary Contact

Job Title

Phone Number

Email

**Would you like the NBSTSA to copy the above listed secondary contact on all communication?**  No  Yes

Proctor

Job Title

Department

Phone Number

Email

**Number of students testing:** \_\_\_\_\_

**Examination date requesting:** \_\_\_\_\_

Paperwork must be submitted a minimum of 45 calendar days prior to the requested examination date.

**Examination start time (only if testing on-campus):** \_\_\_\_\_

Please remember PSI authorizes candidates up to 4 hours to complete their examination.

**Live remote proctoring requested? (students test from home - not campus)**  Yes  No

**Expected date of graduation or date range if school is open exit:** \_\_\_\_\_

Please note date range will not be accepted in lieu of official proof of graduation. Official proof of graduation must reach the NBSTSA office within 60 days of the students examination date per NBSTSA policy.

Degree being awarded:  Associates  Certificate or Diploma

