

Northern Utah Regional Testing Center

DEMONSTRATED COMPETENCY ASSESSMENT PROGRAM

STUDENT APPLICATION

Each test is composed of two or more modules. As students pass modules they can move onto the next. Most tests require two testing sessions to complete. Please allow at least two hours before closing to schedule your assessment. After this form is complete, including required signatures, contact the Testing Center to schedule an appointment.

Testing Center Phone: (801) 402-5385

Email: davistestingcenter@dsmail.net

Student Name:

Student Mailing Address:

Student Email:

Student Phone:

Student I.D. Number:

Student Birthdate:

Parent Name:

Parent Phone:

Parent Email:

School:

District:

Counselor:

Counselor Phone:

Counselor email:

Assessment(s):

SIGNATURES:

I have read and understand the policy for a student taking and receiving credit for a Demonstrated Competency Assessment. (Print and Sign)

School Counselor Signature

Date

OR

Parent/Guardian Signature

Date

School Administrator Signature

Date