

TESTING REQUEST FORM-Group

High School		
School Contact	Email	Phone Number

Student Information

				If PERT taken previously, indicate date	Select: PERT Reading	Select: PERT Writing	Select PERT Math	Program On-FIU Campus/ At-High
First Name	Last Name	PID#	Email Address	of last test				School

Email form to dualenro@fiu.edu.

Email subject line must read: Testing Request Form – (Indicate: On-Campus or At-HS)