



TESTING REQUEST FORM-Group

Dual Enrollment

High School		
School Contact	Email	Phone Number

Student Information

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

Email form to dualenro@fiu.edu.
 Email subject line must read: Testing Request Form – (Indicate: On-Campus or At-HS)