



Attachment B

Request to Take ACCUPLACER® at a Remote Location (Voucher)

Student's Name: _____

Student Date of Birth: _____

Student CNM ID#: _____

Address: _____

City, State, Zip: _____, _____, _____

E-mail: _____

Phone # : (_____) _____ - _____

(All sections must be filled in!) Once the form is submitted please look for an email with further instructions, should arrive with 48 hours.

Please fill out the above form and return to:

Bob Watson

Assessment Testing Supervisor

Jwatson40@cnm.edu

505.224.4000 x 52015

Fax: 505-224-3258