Request for Student(s) Taking Online Assessment

1. Instructor Name: ____________________________________

2. Online Assessment to be taken: (Please put an “X” next to the assessment)
   MBTI-M _______     Strong Interest Inventory_______    Other: __________________

3. Student’s Name: _________________________________________________________
   3a. Reason for student taking the test:_______________________________________
       _______________________________________________________________________

4. If a class or a group of students are taking the assessment, please list student’s names:
   (or attach a student roster)

5. Course Name and section: (if applicable) _________________________________

6. Date or timeframe for taking the test: _________________________________

7. Should student be emailed results?: Yes ______       No______

8. Should instructor be emailed the results?:   Yes ________ No_________
   If yes, Name(s):_______________________________________
   _______________________________________________________________________

9. Should the student review the assessment with a Career Counselor?:  Yes ________  No _______

Additional comments: _________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

Career Services – Molenhouse Student Center

Please send the form to:  CooperCenter@trnty.edu

Located on Cooper Career Center - Forms