**TASC™ TESTING SCHEDULE – NEW EXAM DATES, CANCELATIONS, OR CLOSURES FOR PUBLIC TEST CENTERS ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information provided on this form will be posted by the NYS Education Department at** <http://www.acces.nysed.gov/hse/hse-testing-maps>**.**   * **Test centers open to the public must submit their annual testing calendar, by December 1, for the following calendar year.** * **This form should also be used to report changes in testing schedules - for sites open to the public - including when test dates are closed/filled or canceled or to add new testing dates.** * **Email the completed for to** [**HSETC@nysed.gov**](mailto:HSETC@nysed.gov)**.** | | | | | |
| **3-Digit Test Center Number:** | | **Test Center Name:** | | **Form Completed By:** | |
| **Indicate changes to test center mailing or physical address, fax or phone number, if applicable.** | | | | | |
| **Physical Address of Test Center:** | | | **Mailing Address of Test Center:** | | |
| **City** | | | **City** | | |
| **State** | **Zip** | | **State** | | **Zip** |
| **Testing Center Telephone Number (*)-- ext.*** | | | **Testing Center Fax Number (*)-- ext.*** | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day One (1) of Testing** | | **Day Two (2) of Testing (if applicable)** | | **Test Mode** | | **Update or Change Status** | | | |
| **Date of Testing mm/dd/yyyy** | **Arrival Time (HR + am/pm)** | **Date of Testing mm/dd/yyyy** | **Arrival Time (HR + am/pm)** | **CBT** | **PBT** | **New Test Session** | **Full/Closed Test Session** | **Canceled Test Session** | **Reason for Cancelation - If Applicable** |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |

**TASC™ TESTING SCHEDULE – NEW EXAM DATES, CANCELATIONS, OR CLOSURES FOR PUBLIC TEST CENTERS ONLY**

**3-Digit Test Center Number:  Test Center Name:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day One (1) of Testing** | | **Day Two (2) of Testing (if applicable)** | | **Test Mode** | | **Update or Change Status** | | | |
| **Date of Testing mm/dd/yyyy** | **Arrival Time (HR + am/pm)** | **Date of Testing mm/dd/yyyy** | **Arrival Time (HR + am/pm)** | **CBT** | **PBT** | **New Test Session** | **Full/Closed Test Session** | **Canceled Test Session** | **Reason for Cancelation - If Applicable** |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |
| ***/*** ***/*** |  | ***/*** ***/*** |  |  |  |  |  |  |  |