

COMPETENCY TEST REQUEST FORM

**PLEASE ALLOW AT LEAST ONE WEEK FOR REQUEST TO BE PROCESSED.
ALLOW FOR ROUGHLY 90 MINUTES TO COMPLETE THE TEST.**

NAME: _____
STUDENT NUMBER: _____ EMAIL: _____
PROGRAM/SEMESTER: _____

Date(s) and Time(s) you are available:

****MUST BE A 90 MINUTE WINDOW, MON-FRI BETWEEN 9 AM AND 2:30 PM**:**

Requested Competency Test (Canon C300, Sony F3 or FS7, Ronin 2)

Student Signature: _____ Date: _____

Verifier Signature: _____ Date: _____

Disclaimer: All request are first come first serve. This form does not guarantee your request will be approved. You will receive an email confirmation when the request is approved by SAC Equipment Room Staff.