PROPOSED TASC™ COMPUTER-BASED TESTING SCHEDULE

This form must be completed by all approved Public Testing Centers intending to administer the TASC™ Test on the computer. The information contained in this form will be posted by the New York State Education Department at http://www.acces.nysed.gov/hse/hse-testing-maps **to help examinees select a testing location, testing date, and testing mode (PBT or CBT). Please send the completed form to: (1) the New York State Education Department, High School Equivalency Office, 89 Washington Avenue, EBA 460, Albany, NY 12234, or (2) fax it to (518) 474-0319; or (3) e-mail it to HSE@nysed.gov.**

3-Digit Test Center Number *413*	Test Center Name *Suffolk County Community College*

Testing Site Addresses:

Physical Address (Where Test)	*Crooked Hill Road.* (Street Address)	*Brentwood* (City)	*NY* (State)	*11717* (Zip Code)
Mailing Address	*30 Greene Ave.* (PO Box or Street Address)	*Sayville* (City)	*NY* (State)	*11782* (Zip Code)

Testing Center County: *Suffolk*	Testing Center Telephone Number *(631)- 451- 4470* *ext.*

List of Proposed Computer-Based Testing (CBT) Sessions

Day One (1) of Testing		Day Two (2) of Testing		Day One (1) of Testing		Day Two (2) of Testing	
Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing (mm/dd/yyyy)	Arrival Time (HR + am/pm)
01 / 07 / 2019	*8:00am*	/ /		*06 / 03 / 2019*	*8:00am*	/ /	
02 / 04 / 2019	*8:00am*	/ /		*07 / 01 / 2019*	*8:00am*	/ /	
03 / 04 / 2019	*8:00am*	/ /		*08 / 05 / 2019*	*8:00am*	/ /	
04 / 01 / 2019	*8:00am*	/ /		*09 / 09 / 2019*	*8:00am*	/ /	
05 / 06 / 2019	*8:00am*	/ /		*10 / 07 / 2019*	*8:00am*	/ /	

PROPOSED TASC™ COMPUTER-BASED TESTING SCHEDULE (Continued)

3-Digit Testing Center Number: *413* **Testing Center Name:** *Suffolk County Community College*

List of Proposed Computer-Based Testing (PBT) Sessions (Continued)

Day One (1) of Testing		Day Two (2) of Testing			Day One (1) of Testing		Day Two (2) of Testing	
Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)		Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing (mm/dd/yyyy)	Arrival Time (HR + am/pm)
11 / 04 / 2019	*8:00am*	/ /			/ /		/ /	
12 / 02 / 2019	*8:00am*	/ /			/ /		/ /	
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Test Center Coordinator/Examiner Name : *Jeanne Durso*

Test Center Coordinator/Examiner E-mail : *Dursoj@sunysuffolk.edu*

Rev 11/2018

Coordinator/Examiner Signature *12 / 17 / 2018* *mm dd yyyy*

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