Request to Mark Student Online Test Complete or Void

LEA: _____

SCHOOL: _____

SCHOOL NUMBER: _____

Admin: Science, ELA/L, Mathematics, Social Studies	Statewide ID	Student Name	Test Session Name	Reason for Marking Test Complete	Reason for Marking Test Void

STC Phone (email): _____

STC Name: _____

STC Signature: _____

STCs must submit all Requests to Mark Student Online Tests Complete or Do Not Report to the LAC

Request to Mark Complete or Void an Online Test

MCAP Maryland Comprehensive Assessment Program