



SEP Test Review Request Form

If department representatives (e.g., Department Chair, Associate Department Chair, Chair of Graduate Program, TA Coordinator, etc.) would like an OPA review, please fill out this form and send as an email attachment to sep-assessment@osu.edu.

Subject of email: (Department abbreviation) request to review OPA of (student name)

Date of Request	
Department making request	
Student's Last, First Names	
Student's Name.#	
Student's OSU ID	
Test Name (OPA/OPCA)	
Test Date	
Score and Placement	
Department Representative	
Email(s) of person(s) making the request	
Reasons for request	
Other pertinent information	