



Dual Enrollment PERT Test Referral Form  
6305 State Road 70 East  
Bradenton, Fl 34203

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Current Institution (High School) \_\_\_\_\_

Student ID \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_

**Rules**

1. This Dual Enrollment PERT Test Referral Form is required to be presented for each testing session. A copy will be provided at your first test session that will be valid for the next test session if more than one subject will be taken.
2. Valid Government issue photo ID or valid HS photo ID must be presented to test.
3. Score will be invalid if testing rules and policies are not followed.
4. **Students are permitted to take one subject per test session.**
5. Calculators are not permitted. If a calculator is allowed for a specific question the calculator icon will appear on the screen for that question.
6. No hats of any kind or sunglasses (other than prescription variable tint) are allowed to be worn in the testing center.
7. **Access to personal items is restricted during a break. Candidates are not allowed to access electronic devices (e.g., cell phones, smart watches, tablets) during breaks. Violations will result in the test being terminated; no refund will be given.**

**Acknowledgement**

1. I have reviewed the PERT information on the MTC website.  
<https://www.manateetech.edu/admissions/testing-center/pert>  
Yes No
2. I understand and agree that payment on Revtrak is non-refundable for any reason.  
Yes No
3. I understand that I am only allowed to test each subject 1 time per semester.  
Yes No

**Student Signature for Rules and Acknowledgment**\_\_\_\_\_



Dual Enrollment PERT Test Referral Form  
6305 State Road 70 East  
Bradenton, Fl 34203

**Parent Section**

I have reviewed the MTC website with my child. If my child has a documented disability that requires additional services beyond extended time, I will contact the office of Disability Resources at <https://www.manateetech.edu/admissions/testing-center/>

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Signature Date \_\_\_\_\_

**Counselor Section**

This student is planning to attend (School Name)\_\_\_\_\_ and is limited to one exam per term per subject and this limitation has been explained to the student. I have verified that the student is within the limitations and student meets the eligibility requirements for dual enrollment. This student is approved to take the PERT exam.

Test Subject/s    ☐ Math    ☐ Reading    ☐ Writing

Counselor Signature \_\_\_\_\_

Counselor Institution \_\_\_\_\_

Counselor Contact Information

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_