



**CENTRAL PHILIPPINE UNIVERSITY**  
 HUMAN RESOURCE DEVELOPMENT OFFICE  
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**REQUEST FOR PSYCHOLOGICAL TESTING**

Date: \_\_\_\_\_

Name of Examinee: \_\_\_\_\_  
 Current Position/Position Applied for: \_\_\_\_\_  
 College/Department: \_\_\_\_\_  
 Expected Date of Testing: \_\_\_\_\_

Reason/s for Test Referral:

- Screening \_\_\_\_\_  
\_\_\_\_\_
- Problem-Solving: \_\_\_\_\_  
\_\_\_\_\_
- Diagnostic: \_\_\_\_\_  
\_\_\_\_\_
- Counseling: \_\_\_\_\_  
\_\_\_\_\_
- Progress Evaluation: \_\_\_\_\_  
\_\_\_\_\_

Job Competency Requirements (*If applicable*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requested by:

\_\_\_\_\_  
 HRD Director

**REPLY FORM**

(This form is to be returned to the HRD Office.)

Name of Client Referred for Testing: \_\_\_\_\_

Date Tested: \_\_\_\_\_

Tests Administered: \_\_\_\_\_  
 \_\_\_\_\_

Testing Fee: \_\_\_\_\_

\_\_\_\_\_  
 Psychometrician, Guidance Services Center