Date: _____________________

Semester:  
☐ FALL   ☐ SPRING   ☐ WINTER   ☐ SUMMER

Name: ________________________________ Student ID ____ - ____ - ____
     Last                               First

Address________________________________ Phone #: (____)_________

City, State ________________________________ Zip Code ______________

PLEASE READ CAREFULLY AND SIGN BELOW:

• YOU ARE REQUIRED TO PASS ALL SECTIONS (English: Writing, Reading, and Math) or (ESL: Grammar/Usage, Reading, Listening) IN ORDER TO PASS THIS EXAM.

• IF YOU FAIL ONE SECTION YOU WILL HAVE TO RE-TAKE ALL THREE SECTIONS.

• YOU ARE ALLOWED THREE ATTEMPTS TO PASS WITHIN A SEMESTER.

• THIS TEST DOES NOT GRANT A G.E.D OR ANY EQUIVALENT.

• TO EXCEED THE MANDATED NUMBER OF ATTEMPTS TO PASS, YOU MUST RECEIVE A WRITTEN WAIVER FROM THE FINANCIAL AID MANAGER.

Student’s Signature: __________________________________________

FOR ASSESSMENT CENTER USE ONLY

Appointment Made By: ______________________________________

Appointment Date: ___________ 1st Attempt_____ Scored By: _________
2nd Attempt_____ Scored By: _________
3rd Attempt_____ Scored By: _________

Revised 05/2007