

TO: _____ **DATE:** _____
Department/Instructor

FROM: STUDENT SERVICES **SSN:** _____
Admissions Office

SUBJECT: Admission of _____
Street _____ **Phone** _____
City, State, Zip _____

The above named person has made application for the _____
curriculum for _____ semester.

ACCUPLACER TEST SCORES

Reading _____ Arithmetic _____
Sentence Skills _____ Elementary Algebra _____

Post Secondary Work: _____

Comments: _____

Please review this program with the above named student with appropriate action indicated:

Recommended Not Recommended

Comment _____

Division Representative

Date