Circle Current Semester:	Fall	Spring	Winter	Summer	Year
Name:					
Student ID: @		Dat	e of Birth:		
Add	ress		City	State	Zip
f you are undecided about words with the submitting this form.		ificate program t			advisor prior to
1. Submit a copy of yo	our high school d	liploma, high sc	hool transcript w	vith graduation d	ate, or GED certificate.
1956, and enrolled	in post-secondar	y school to prov	ride proof of aded	quate immunizatio	culating students born a on against measles, mui inization are required.
requirement SAT and/or Placement (i SAT C ACT E Math Course SAT N ACT N	when they provid ACT Measure for (f taken): ritical Reading or S nglish test scores Placement (if take Math score of 500 co	e unofficial transo Course Placement SAT Writing scores en): or higher higher	cripts of prior cours t can be fulfilled t	sework to an acade hrough the use of	y fulfill the course placen mic advisor. the following: English Co
transcript to the course Placer or more of the Write	make decisions abo ment Assessment - e following assessi placer Diagnostic ain	out course placem With the assistar ments:	nent. Ince of an academic	advisor you may be	ble to use their high scho e required to complete or 860) 383-5260.
Program Requested				Degree	Cert
Program Option or Advis	ing Track			(i.e.; Pre-nursin	g, transfer, etc.)
Signature:				Date:	
1) Evi 2) Co 3) Evi	Use Only dence of high school mputerized Placemer dence of immunizatio ange entered on Bani	nt Test on confirmed	_yesno _yesno _yesno _initial date	waived	