

Assessment Testing Exemption

Please complete the following form and **submit it to the Office of Admissions** with all necessary documentation. An Admissions staff member will review your request and determine if you meet the requirements for exemption. Please be advised that if you are exempt from taking the Assessment Test, we strongly recommend that you see an academic advisor for assistance with course selection. **Please note: This exemption does not override prerequisites.**

Name _____ Banner ID#@ _____
SS# _____ Phone# _____

Mailing Address _____

New Student (never attended college) Returning student Transfer student

Exemption requested for: Mathematics English

Reason for Exemption Request (Please check one of the following):

I have achieved a score of 500 or above on the Verbal/Critical Reading portion of the SAT exam and I am eligible to take Composition (**ENG*101**). (**Attach a copy of the score report or high school transcript.**)

I have achieved a score of 500 or above on the Math portion of the SAT exam and I am eligible to take Intermediate Algebra (**MAT*138**). (**Attach a copy of the score report or high school transcript.**) **For higher level Math courses, you must take the assessment test.**

I have completed coursework in a college-level credit English and/or Math course with a grade of "C" or better at the following college/university: _____
(**Attach a copy of the unofficial transcript.**)

I have taken the Accuplacer English and/or Math Assessment Test at another Connecticut Community College (name of college): _____
(**Please see testing coordinator for verification and interpretation.**)

I have taken the English and/or Math Assessment Test at another College and University (name of college): _____
(**Test results must be given to the testing coordinator for verification and interpretation.**)

I am age 62 or older.

I understand that exemption is granted only after verification and institutional review.

Student Signature _____ Date _____

For office use only

Semester: Fall Winter Spring Summer Year: _____

Exempt: English and Math English only Math only

Transcript/appropriate documentation is attached

Not Exempt: Does not meet standards Lacks documentation

Signature _____ Date _____

Copy sent to student No Yes Date sent _____ Initials _____

OFFICE OF ADMISSIONS

P.O. Box 1046 • Manchester, CT 06045-1046 • Fax (860) 512-3221/Phone (860) 512-3229