

TESTING and ASSESSMENT Dual Enrollment Referral Form

DATE:			
HIGH SCHOOL:			
GUIDANCE COUNSELOR:			
COUNSELOR'S PHONE#:FAX#:			
I hereby request that the student listed	below be tested at Pensacola Stat	e College for dual-enrollment pu	irposes.
COUNSELOR'S SIGNATURE:			
STUDENT'S NAME (please print):			
STODENT STATINE (please print)	(Last)	(First) (Middle N	Jame)
D.O.B.: SSN: (see reverse for SSN Collection Statement)			
Check One Please COLLEGE Dual Enrollment Testing P.E.R.T. (Post Secondary Education Readiness Test) Sections Needed: All Reading Writing Math	 COLLEGE Dual Enrollment Testing ACCUPLACER – Next Gen Upper Level Math Placement AAF (Advanced Algebra & Functions) NOTE: Must have scored 140+ on PERT Math <u>AND</u> have approval of the PSC Math Department 	CAREER Dual Enrollment Testin TABE (Test of Adult Basic Ed Sections Needed: All Reading Language Math	0
hereby authorize Pensacola			

(print student name) State College to submit my P.E.R.T. placement scores to my high school counselor.

STUDENT'S SIGNATURE

DATE

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