



**Accuplacer Re-Test  
Approval Form**

**Please fax to: 812-888-4339**

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Original Test Date: \_\_\_\_\_ Original Test Scores: \_\_\_\_\_

Course/Training Module Completed Since Last Test Date (Include Title and description):

Title: \_\_\_\_\_

Description (if training module): \_\_\_\_\_

\_\_\_\_\_

Grade/Test Scores: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of School Official Requesting Approval \_\_\_\_\_ Date

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Heather Marchino, Director \_\_\_\_\_ Date  
Project EXCEL

Approval faxed to Assessment Center \_\_\_\_\_  
Initials \_\_\_\_\_ Date