



REQUEST FOR PLACEMENT TEST EXEMPTION

ADMISSIONS OFFICE, 1501 HENNEPIN AVENUE, MINNEAPOLIS MN 55403

Students may request a full or partial exemption from the Accuplacer Assessment test if they:

- 1) Completed college-level course work (AP and CLEP included) in Reading, English Composition and/or Math that's equivalent to those courses offered at MCTC. Students who have completed at least 15 semester credits of reading-intensive, general education coursework with an overall GPA of 2.0 may receive a testing exemption in reading. Goal 4 math courses can be used to meet program requirements if transferred, but cannot be used for a testing exemption in math.
- 2) Took the ACT test and scored a 24 or higher in an individual area. ACT scores in Reading and English older than three years and Math scores older than two years cannot be considered for a test exemption. Scores must be valid as of the first day of the semester.

Please note: ALL students planning to seek admission to the Nursing Programs at MCTC are required to meet the specifications listed on the MCTC Nursing Program application regarding reading requirements.

To be considered for a placement test exemption, the student must submit transcript(s) to the Admissions Office, Student Services Center, Suite T.2200, along with this completed form. For test exemption purposes an unofficial transcript is acceptable. **ALL supporting documents submitted MUST display the student's full name and the name of the issuing institution.**

Please allow at least 4 business days for processing. Requests may be faxed to 612-659-6210, e-mailed to admissions.office@minneapolis.edu or delivered in person to the Student Services Center, Suite T.2200.

Please print clearly:

Your Name: _____ Student ID Number: _____
(Your student ID number is given to you in your admission status email)

Street Address: _____ Apartment: _____

City _____ State _____ Zip _____ Daytime phone number: (____) _____
(Please make sure we can contact you during regular business hours at the phone number you provide to us.)

Student Signature: _____ Date: _____

Attach your transcripts or test score report, or verify that those documents have already been received by Student Services. Below please check which option applies to you.

- My transcript/test scores are attached.
- My transcript/test scores have already been received by Student Services at MCTC

For Office Use Only

- Student is approved for a **full or partial** test exemption and will receive the exemption form in the mail.
- Student is not approved for a test exemption and must take all portions of the Accuplacer test.

Comments _____

If you have questions after receiving or being denied a test exemption, please contact:

Advisor Who Reviewed Request: _____ Date of Review: _____

E-mail: _____ Phone Number: (____) _____