



Glen Oaks
COMMUNITY COLLEGE

62249 Shimmel Rd.
Centreville, MI 49032
(269) 467-9945
www.glenoaks.edu

REQUEST FOR STUDENT PLACEMENT SCORES

Student Name (Last, First, MI) _____

Other Name (i.e. maiden name) _____

Address _____

City _____ State _____ Zip Code _____

I am requesting that my placement test scores be sent to the following location:

Attention _____

Name of School/College _____

Address _____

City _____ State _____ Zip Code _____

Student Signature _____ Date _____

Office Use Only

Accuplacer

Essay Writing _____
Reading _____
Arithmetic _____
Elementary Algebra _____
College Math _____

Compass

Sentence Skills _____
Reading _____
Pre-Algebra _____
Algebra _____
College Algebra _____

Date of Test _____

Date Processed _____

Completed by _____ Title _____