

Mail to:

PLACEMENT TEST FORM

Placement test information will not be issued until all financial obligations to the College have been satisfied. Please allow two (2) days for the processing of placement test scores.

Mail to:	Stude P.O. B	Community College nt & Enrollment Ser ox 7488 Mount, NC 27804	vices	OR	Fax to:	252-451-8401	
Name: _						Phone: ()	
La	ast		First		MI		
Address:		. D.O. D.					
	Street or	P.O. Box					
	City			Sta	te	Zip	
Student I	ID:			OR	Date of B	irth:	
Name wh	ile enrolle	ed (if different from at	oove):				
Location of	of Test:	☐ NCC	☐ High S	School			
						High School Name	
Approxim	ate Year	and Month Tested:	Year	,		 Month	
			rcar			Worth	
Do you w		our Placement Test S	Score Faxed?				
	Fa	ax Number:	N	lame of Or	ganization:		
	Ci	ty, State and Zip Cod	e:				
□ F		our Placement Test S					
				-		ning the form below, I am to I.D. to pick up your test	_
F	Print Nam	ne:					
П Т	Γo have N	lash Community Coll	ege mail your P	lacement 1	est Scores to	the address below.	
1	Mail To:						
		Name					
		Address					
		City			State	Zip	
S	ignature	:				Date:	