Placement Test Score Form

WILKES COMMUNITY COLLEGE
Wilkes • Ashe • Alleghany

Please complete the information in all the fields listed below.   The student must sign and date the form.

Personal Information

First Name: _____ Middle/Maiden: _____Last Name:_____

Date of Birth(mm/dd/yy): _____ SSN: _____

Current Address: _____

City: _____ State:_____ Zip:_____

Phone Number: _____Email Address:_____

Please send Placement Test Results to:

_____

Address:_____

City: _____State:_____Zip:_____

Student Signature _____ Date _____