



# ACCUPLACER PLACEMENT TEST RETEST FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Banner Student ID: @ \_\_\_\_\_ Phone Number: \_\_\_\_\_

I am dissatisfied with my Accuplacer test results. I understand that I may only retest **ONCE** in each subject. **I understand I must provide photo identification to retest.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Advisor Use Only*

**MATH:**

- Retake the entire Math test.
- Retake one section of the ACCUPLACER Math test. \_\_\_\_\_
- Retake Math to prove Competency for Allied Health Program Application.

**ENGLISH:**

- Retake the entire English test.
- Retake one section of the ACCUPLACER English test. \_\_\_\_\_

Initial Boxes below:

- Student has not enrolled in a Math or English Class in the past. \*
- Student has not taken the placement test two or more times in the last 3 years. \*

What is the Student doing to improve the test scores? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Circle One: Advisor | Dean | Director | Department Chair | Faculty | Proctor | Other

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Remarks:*

\_\_\_\_\_



# ACCUPLACER PLACEMENT TEST RETEST FORM

Banner Student ID: @ \_\_\_\_\_ Full Name: \_\_\_\_\_

**FOR TESTING CENTER USE ONLY**

Photo ID Type:  Student ID  Driver's License  Passport  Other: \_\_\_\_\_

|                 | Test Date | AR | QAS | AAF | Math Placement | READ | WRIT | English Placement |
|-----------------|-----------|----|-----|-----|----------------|------|------|-------------------|
| Original Scores |           |    |     |     |                |      |      |                   |
| Retest Scores   |           |    |     |     |                |      |      |                   |

Student Placement Change:

- Placed Higher
- Placed Same
- Placed Lower

Proctor Remarks (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_