

PLACEMENT EVALUATION FORM

Date: _____

Student name: _____

Student number: _____

PLACEMENT RESULT: _____

DESCRIPTION -

CLEP: _____

Composition Placement Essay: _____

Other: _____

Composition Director, Dr. Alanna Frost

Date:

Department Chair, Dr. Daniel Schenker (not required)

Date:

RECEIVED by Office of Registration (Signature)

Date:

Processed by (Signature)

Date: