



ACCUPLACER TEST EXEMPTION FORM

Student Name \_\_\_\_\_ SSN or Student ID# \_\_\_\_\_

Name on College Transcripts if Different than Above \_\_\_\_\_

DCTC Major/Program \_\_\_\_\_ Phone # \_\_\_\_\_

I would like to be exempt from the ACCUPLACER test for the following reason (check one) and I will provide the required documentation: (NOTE: Practical Nursing/Medical Asst students are REQUIRED to take at least the Reading Comprehension and Arithmetic portions of the ACCUPLACER unless they can provide ACCUPLACER scores that are less than two years old. They may be exempt from the Sentence Skill portion if they have completed a college-level English course with a "C" or better).

- Have a 2 yr. A.A or A.S. degree, a 4 yr. Bachelors degree, or a graduate degree. (Official College Transcripts required) Name of College(s) \_\_\_\_\_
Have completed college-level coursework but have no degree. (Official College Transcripts required) Name of College(s) \_\_\_\_\_
Have taken the ACT within the last two years and scored 24 or higher on all portions of the test. (Copy of ACT scores required)
Have taken the ACCUPLACER test within the last three years. (Copy of test scores required) Name of College where test was taken \_\_\_\_\_

All the information included here and the documentation I provide is true and complete to the best of my knowledge.

(Office of Admissions Use Only)

Official College Transcripts Arrived: \_\_\_\_\_ (date)

Degree Verified: \_\_\_ A.A. or A.S. \_\_\_ Bachelors \_\_\_ Post-Graduate

Previous College Level Coursework/No Degree

\_\_\_ College Level Math

ACT Scores

Scores Verified (24 or higher): \_\_\_ English \_\_\_ Reading \_\_\_ Mathematics

MnSCU Approved Test

EXEMPTION DECISION: [ ] Approved [ ] Denied

Comments:

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_