



# IMPERIAL VALLEY COLLEGE STUDENT SERVICES

## PETITION TO RE-TEST

- Petition is to request authorization to re-test for math/English placement(s)
- Attach **detailed** explanation as to the extenuating circumstances that you believe affected your placement
- Attach a copy of your H.S. transcripts or IVC coursework completed (unofficial transcripts)
- Attach a copy of your photo ID (i.e., school id, driver license, identification card, passport)
- Submit completed petition along with appropriate documentation to the Assessment Center (Room 401) or email to [claudia.aquilar@imperial.edu](mailto:claudia.aquilar@imperial.edu)
- For more information call the Assessment office at (760) 355-6450 or (760) 355-6447

|                             |  |               |  |
|-----------------------------|--|---------------|--|
| IVC Student ID:             |  | Date:         |  |
| Student's Name:             |  | Phone Number: |  |
| IVC Student E-mail Address: |  | Cell Number:  |  |

|                        |         |      |
|------------------------|---------|------|
| Re-Test Requested for: | Writing | Math |
|------------------------|---------|------|

**Attach sheet (s) with detailed explanation** as to why you are requesting to be re-assessed and the extenuating circumstance that you want us to consider.

| IVC Placement      |  |           |  |            |  |
|--------------------|--|-----------|--|------------|--|
| ACCUPLACER Writing |  | Placement |  | Date Taken |  |
| ACCUPLACER Reading |  | Placement |  | Date Taken |  |
| ACCUPLACER Math    |  | Placement |  | Date Taken |  |

| Last English/Math Class Completed at IVC |        |  |          |  |       |  |      |
|------------------------------------------|--------|--|----------|--|-------|--|------|
| Writing:                                 | Course |  | Semester |  | Grade |  | Year |
| Reading:                                 | Course |  | Semester |  | Grade |  | Year |
| Math:                                    | Course |  | Semester |  | Grade |  | Year |

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Assessment Staff \_\_\_\_\_

Date \_\_\_\_\_

(Print Full Name)

Assessment Center Office Use Only

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comments \_\_\_\_\_

SSSP Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

English Chair Signature \_\_\_\_\_

Date \_\_\_\_\_

Recommendation: \_\_\_\_\_

Math Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

Recommendation: \_\_\_\_\_