



TO: Solano Community College Assessment Center, Bldg. 400, Rm. 442
 4000 Suisun Valley Road, Fairfield, CA 94534
 Ph: (707) 864-7118 Fax: (707) 646-2083

Request to ACCEPT English and/or Math Assessment Scores From Another College

FOR: Student Name: _____
 Solano Community College Student ID Number: _____
 Birth Date: _____ Ph: (_____) _____
 E-Mail: _____

All requests must include a copy of your drivers license, state issued ID, federal ID or passport and a clear photocopy of your official Assessment Scores from your other college.

College Name: _____
 Other College Student ID Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Ph: (_____) _____ Fax: (_____) _____

English Reading Score: _____
 Other College Reading Course Level: _____
 English Writing Score: _____
 Other College Writing Course Level: _____
 Math Score: _____
 Other College Math Course Level: _____

Student Signature: _____ **Date:** _____

Office Use Only

Source: Assessment Center—Updated 07.12.12 by FA