



TO: Solano Community College Assessment Center, Bldg. 400, Rm. 442
4000 Suisun Valley Road, Fairfield CA 94534
Ph: (707) 864-7118 Fax: (707) 646-2053

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 driver's 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

Date Received:
Date Processed: