ROCKLAND COMMUNITY COLLEGE

Petition for Re-Test: High School Program  Admissions

The completed form and documentation(s) can be returned in-person, by fax: 845-574-4433 or by mail to: Rockland Community College, Admissions, Room 8120, 145 College Road, Suffern, NY 10901.

You must petition for a retest before the start of classes.

Name ______________________________________________________ Date __________________

Address ______________________________________ City ______________ State _______ Zip ____________

SS # or RCC ID # __________________________ Phone # __________________

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ENGLISH

Date Placement taken_________ Scores: Reading ________ Sentence Skills _________ Writing ______

Please include a high school transcript (or, if you are a transfer student, a college transcript) with this form. In the space below, provide a paragraph-long justification of your reason(s) for appealing your score.

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MATHEMATICS

Date Placement taken_________ Scores: Arithmetic _______ Algebra _________ CLM __________

Please include a high school transcript (or, if you are a transfer student, a college transcript) with this form. In the space below, provide a paragraph-long justification of your reason(s) for appealing your score.

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For Office Use Only

Completed by Director of Admissions or Designee

Approved ______________ Not Approved ______________

Remarks ________________________________________________________________________________

Signature________________________________________ Date ________________________

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For Office Use Only

Date Mailed __________________________