

LAS POSITAS COLLEGE

ASSESSMENT TEST CHALLENGE PETITION

Name:	SSN or W#:	Date:
Telephone:	Street Address:	
Email:	City, State, ZIP:	

**Assessment test to be challenged (please circle one):**

ENG/MATH      English Only      Math Only      ESL      Ability to Benefit (ATB)

Date/Semester assessment test previously taken: \_\_\_\_\_

Please **specify** in the space below, reason(s) for requesting the retake of a placement test(s).

**NOTE:** If requesting a retest for Ability to Benefit (ATB) testing, student **must** provide evidence of instructional intervention.

Counselor/Faculty Contact (if any): \_\_\_\_\_

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**For Official Use Only:**

Decision:	Date:	
Comments:		
Signature:	Student Services Dean or Designee	Date: