



Math Placement Adjustment Request

Student Name: _____

Student ID Number: _____

Program/Degree: _____

Date: _____

TO BE COMPLETED BY MATH FACULTY

I advise that the student make the following adjustment to their math placement:

Current Math Placement: _____

Advised Math Placement: _____

For the following reasons:

___ After direct assessment with the student, a different math course/placement was merited

___ To better align the math course with the student's degree/program

___ Length of time since student previously took math course(s) Length of time?: _____

Please explain in further detail (required):

Faculty Signature: _____

Date _____

Student Signature: _____

Date _____

SCO Signature _____

Date _____