

TO: Solano Community College Placement/Proctoring Center, Bldg. 400, Rm. 442 4000 Suisun Valley Road, Fairfield CA 94534

UNITY COLLEGE Ph: (707) 864-7118 Fax: (707) 646-2053

Requ	est to <u>ACCEPT I</u>	English and/or Mat	h Assessment Scores From Anot	her College
FOR:	Student Name:			
	Solano Community College Student ID Number:			
			Ph: ()	
	ort and a <u>clear p</u>		drivers license, state issued ID, f fficial Assessment Scores from y	
			Zip:	
Ph: (_	)	Fax: (	)	
Englis	h Writing Score:			
Other	College Writing (	Course Level:		
Stude	nt Signature:		Date:	

<sup>\*</sup> We only accept assessment test results from other California Community Colleges and the test must be taken within the last three years. We do not accept assessment test results from four year universities or any colleges located outside California. We do not accept reading scores from other colleges.