

NorthWest Arkansas Community College

Official Placement Change Report

Test: _____

Current Score: _____ Proposed Score: _____

Placement Level: _____

Rationale for change:

Effective date: _____

***Please submit to Testing Services Coordinator by March 15th, so that changes may be made in the catalog prior to the academic year it becomes effective.**

Banner support informed: _____

Academic Division Dean _____ date _____

VP for Learning _____ date _____

Please complete the information above and submit to the Testing Center Coordinator.

Testing Center Coordinator _____

Director Career Center or Dean LDC _____