# Placement Examination for Non-Traditional Students

| | | | |
|---|---|---|---|
| | **June 2, 2009 – 5:30pm Academic Hall Room 347** | | **Aug. 18, 2009 – 8:00am Academic Hall Room 347** |
| | **June 23, 2009 – 10:00am Academic Hall Room 347** | | **Nov. 3, 2009- 3:00pm Academic Hall Room 347** |
| | **July 21, 2009 – 2:00pm Academic Hall Room 347** | | **Jan. 5, 2010- 8:30am Academic Hall Room 347** |

(Check one date/time)

- *You **MUST*** have completed and submitted a Southeast Admissions Application with the admissions application fee. If you have not submitted an Admission Application, please call the admissions office at 573-651-2590 and request one.
- **REGISTRATION:** The application below should be completed and returned with a check or money order for $35, made payable to Southeast Missouri State University. Registration fees are transferable only if Testing Services is advised before the test date requested on the application. **In case of cancellation, registration fee is refundable only by request**. **Questions - 573-651-2836 -- testingservices@semo.edu**
- **WHAT CAN STUDENTS EXPECT**: The examination will cover the assessment of writing and math skills (Calculators are permitted on this exam). Students should allow approximately 2 hours for the test session. Each student **MUST** present photo identification: (MO Driver's License, passport, or MO State ID).
- This examination administration is ***ONLY*** for **SOUTHEAST MISSOURI STATE UNIVERSITY** students in our enrollment process or pending admission. **Transcript of scores WILL NOT transfer to any other institution, now or at a later date.**

**MAIL Completed Application TO:**
Testing Services
Southeast Missouri State University
One University PlazaMS 3970
Cape Girardeau, MO 6370l-4799

**OR BRING TO:**
Testing Services Office
Academic Hall - Room 347
Office Hrs: 8:00 - 12:00 a.m.
& 1:00 - 5:00 p.m.

**OR REGISTER ONLINE:**
http://www.semo.edu/testing/costs_asset.htm

**Please RETAIN top portion of this form and return lower portion, with $35 fee, to Testing Services.**

**(Please print clearly!)** **Placement Examination** **Today's Date** _____

_____ _____ ___/___/___ _____
**Name** **SSN** **Date of Birth** **$ Amount Enclosed**

_____ _____
**Street Address** **City**

_____ _____ (_____)_____
**State** **Zip** **Daytime Phone #**

_____ _____
**Email Address** **Signature**

| | | |
|---|---|---|
| | **June 2, 2009 – 5:30pm Academic Hall Room 347** | **Aug. 18, 2009 – 8:00am Academic Hall Room 347** |
| | **June 23, 2009 – 10:00am Academic Hall Room 347** | **Nov. 3, 2009- 3:00pm Academic Hall Room 347** |
| | **July 21, 2009 – 2:00pm Academic Hall Room 347** | **Jan. 5, 2010- 8:30am Academic Hall Room 347** |

**$35.00 TESTING FEE**