Student Full Name:_____ M#: _____
Last First Middle Initial

Address _____
Street City State Zip

Campus Address: _____

Telephone Number: _____ Cell Number: _____

MSU E-mail Address_____ AlternateEmail:_____

Classification: ‘ Entering Student‘ Freshman‘ Sophomore ‘ Junior ‘ Senior ‘ Graduate ‘

_____ Other_____

_____

Paper-Based Test Administration & K H F N D O O W K D W D S S O \

Other Required Accommodations & K H F N D O O W K D W D S S O \

Extended Testing Time (NOTE: All tests are timed)
B B B W L P H D Q B B R Q H K O R X B O H 2 W L P H U B B B B B B B B B B B B B B B B B B B B B B B B B B B
1 2 7 (, I \ R X D U H U H T X H V W L Q J P R U H W K D Q H [W H Q G H G W H V W L Q J W L P H \

Additional Rest Breaks
___ 1 additional rest break ___ 2 additional rest breaks
___ Breaks as needed (specify):_____

Have you taken the ACT On-Campus or an accommodated national test within the last 60 days?** ___ Yes ___
No If Yes, when?_____ Fî F D9—" “r ™7" “r ™7" “r C™r ™7" D9—" “r ™7" “r" C™r ™7" “r C™r ™7" “r" C™

Please return this completed form to the Office of Recruitment, 102 Curris Center, Murray, KY 42071
Equal education and employment opportunities M/F/D.992 ( )11.984 ( )-10.992 (3 (on)y33 (on)y3 612 792 re W* n BT /TT2 6.96

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