

IOWA E GRADE EQUIVALENT PLACEMENT TEST REQUEST

| | |
|---------------------|--|
| Student's Full Name | |
| MSIS or SSN | |
| DOB | |
| Gender | |
| Race | |

| | |
|--------------------------|--|
| Grade Completed/Mastered | |
| Anticipated Test Date(s) | |

| | |
|-----------------|--|
| Requested By | |
| Date of Request | |

*****OFFICE USE ONLY*****

Date Test Created _____

Date Test Codes Emailed _____

Date Test Completed _____