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| ***Placement Test*** |
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| ***Full Name: (Nombre completo)*** | ***ID:******(identificacion)*** | ***Date of issue of ID******(Fecha de expedicion)*** |
| ***Program:***  | ***Phone Number :*** |
| ***E-mail:***  | ***Birthdate*  :****(Fecha denacimiento)** | ***Month-Day-Year*** |

***Have you ever done the test before? Yes \_\_\_ How Many times\_\_\_\_* No\_\_\_** |
| ***When are you going to have the test? (*** *En qué fecha presentaras la prueba)**Jun 12th \_\_**August 03rd \_\_**October 5th \_\_* |