

*Columbia College*  
Multiple Measures Assessment Form

Student's Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

M.I.

SS# or Student ID#:

\_\_\_\_\_

Course Requested:

\_\_\_\_\_

Title

\_\_\_\_\_

Instructor

\_\_\_\_\_

Code#

Title of Recommended Course based on Assessment Test:

\_\_\_\_\_

- ☐ High school or other college transcript indicates appropriate equivalent course(s)?
- ☐ High school or other college transcript indicates appropriate preparation?
- ☐ High school or college G.P.A. is 3.0 or higher in Math?
- ☐ Copy of transcript or list courses attached?

Signature of Student, \_\_\_\_\_

Date \_\_\_\_\_

Signature of counselor/instructor/administrator certifying multiple measures presented by the above student appear to be equivalent to course prerequisite or skill level required for requested course:

\_\_\_\_\_

Date \_\_\_\_\_