TRANSITIONS

2008 APPLICATION

A COLLEGE TRANSITION PROGRAM FOR ADULT EDUCATION & LITERACY STUDENTS

Student Name _____

Address: _____

_____

Telephone: _____ **E-mail:** _____

Teacher's Name: _____ **Class site:** _____

Address: _____

Telephone: _____ **E-mail:** _____

Does the student have a GED? **Yes**____ **Date Issued** _____
No ____ **Anticipated Test Date** _____

Please provide most recent test scores: Practice ___ GED ___ TABE _____ **Test Date** _____
Math ____ Reading ____ Writing _____ Social Studies _____ Science _____

Has the student completed the 15 hour GED Prep Course? **Yes** _____ **No** _____

Please explain briefly the student's plans after receiving their GED *(please use back if necessary)*.

_____

_____

_____ _____

AEL Instructor Signature **Date**

ALL NOMINATION FORMS MUST BE RECEIVED BY September 30, 2008

Please return this form to

Deborah Logan either by email: dlogan@slcc.edu or
Mail it to: Deborah Logan, Coordinator Enrollment Management
St. Louis Community College – Forest Park
5600 Oakland Avenue | St. Louis, MO 63110-1393
Attn: Transitions Program

For Office Use Only

Date/Time Rec'd	GED Test Info	15 Hour Course	Enrollment Status