

PLEASE PRINT

ASSESSMENT REQUEST INFORMATION
CECP 6500 and/or 6510

Spring Summer I/II Fall Semester/Session 20 _____ Today's Date: _____

Please select only **one**: 6500-Intellectual Day/time _____

6510-Personality Day/time _____

Would you be willing to take either class in Grand Rapids? YES NO

Name _____ WIN # _____

Address _____

City _____ State _____ Zip code _____

Telephone numbers - Home: _____ Work: _____

Email Address: _____

Please check appropriate box: Full-time student Part-time student

Completed CECP 6030: YES NO Program of Study approved? YES NO

Please check if you have completed or are currently taking: Intellectual Personality

Program Option _____ Advisor: _____

1. Transfer Credit hours: _____ 2. Total hrs. completed, to date: _____

3. Current enrollment hours: _____ 4. Total of 1, 2, and 3: _____

FOR OFFICE USE ONLY

Approved Intellectual CRN # _____ Instructor: _____

Waiting list Personality CRN # _____ Instructor: _____

Not Approved Reason: _____

(Please fill in your name): _____

Assessment Class

I understand that my application is approved and I will register through the WMU Registration System but if I **do not** register by _____ and fail to notify the Department of my decision prior to the above date, **I will lose any priority I may have to register for the course.**

Intellectual Day/Time _____ Instructor _____ CRN # _____

Personality Day/Time _____ Instructor _____ CRN # _____

On Waiting list for: Intellectual Personality

Day/Time _____ Instructor _____

(Office staff will call you if a space becomes available.)

Denied, reason for denial: _____

Comments: _____