ALL new students enrolling in credit-bearing courses are required to complete college placement exams. You may be exempt from the placement test by demonstrating that you have met the requirement through alternate means. Please select the appropriate option below and attach documentation to support a waiver request. Submit this form to the Advisor or Counselor in the Student Center, or e-mail it to admissions@triton.edu.

- **ACT scores**: ___English (20 or higher), ___Mathematics (22 or higher), and/or ___Reading (20 or higher) within the last two years (check applicable option)
- **SAT scores**: ___Reading and Writing (480 or higher on Evidence-Based Reading/Writing), and/or ___Mathematics (530 or higher) within the last two years (check applicable option)
- **Grade of “C”** or higher in a college level ___English and/or ___Mathematics course from a regionally accredited institution (check applicable option)
  - Also waived from Success Navigator requirement
- **AP scores (3 or higher)**: ___English and/or ___Mathematics (check applicable option)
- **IB scores (4 or higher)**: ___English and/or ___Mathematics (check applicable option)
- **Illinois Seal of Biliteracy** in English Language within last three years
- **Approval of a College Dean or designee** (Provide reason for request HERE.)

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
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________________________

Student's Name (Printed)  Colleague ID # or SSN  Telephone

________________________

Student’s Signature  E-mail Address  Date

☐ Request approved  ☐ Request denied

________________________

Dean’s Signature  Date

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**Office Use Only:**

First semester of enrollment: ____________  Date request received: __________

Date waiver entered: ____________  Documentation provided: ___Yes ___ No

Other: _______________________________________________________________________

Action taken: ___________________________________________________________________

Advisor's/Counselor's Signature: ________________________  Operator: ________