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| ***Placement Test*** |
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| ***Full Name: (Nombre completo)*** | ***ID: (identificación)*** |
| ***Program:***  | ***Phone Number :*** |
| ***E-mail:***  |

***Have you ever done the test before? ¿Has presentado la prueba con anterioridad?******Yes \_\_\_ How Many times\_\_\_\_* No\_\_\_** |
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