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| ***Placement Test*** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | ***Full Name: (Nombre completo)*** | | ***ID:***  ***(identificacion)*** | | ***Date of issue of ID***  ***(Fecha de expedicion)*** | | ***Program:*** | | ***Phone Number :*** | | | | ***E-mail:*** | ***Birthdate*  :**  **(Fecha denacimiento)** | | ***Month-Day-Year*** | |   ***Have you ever done the test before? Yes \_\_\_ How Many times\_\_\_\_* No\_\_\_** |
| ***When are you going to have the test? (*** *En qué fecha presentaras la prueba)*  *Jun 12th \_\_*  *August 03rd \_\_*  *October 5th \_\_* |