



SPRING AHEAD RE-TEST ASSESSMENT

This form is only for students whom have taken the ACCUPLACER Assessment within the Spring Ahead program administered at your local high school. Students with this form will have the \$10 re-test fee waived.

Student: _____ Student I.D. No.: _____

High School Attending: _____

Student Name (please print): _____

Student Signature: _____

This form MUST be brought to the RCBC Testing Office:

Rowan College at Burlington County • Student Success Center – Room 202
1500 College Circle • Mount Laurel, NJ 08054

For questions on hours and preparation materials contact:

Phone: (856) 222-9311, ext. 1661 • Fax: (609) 726-1780 • Email: testing@rcbc.edu

Completed by the RCBC Test Center: Test Center Initials: _____ Date: _____
