

IOWA E GRADE EQUIVALENT PLACEMENT TEST REQUEST

Please email the completed form to: khollis@westpoint.k12.ms.us

Student's Full Name	
MSIS or SSN	
DOB	
Gender	
Race	

Grade Completed/Mastered	
Anticipated Test Date(s)	

Requested By	
Date of Request	

*****OFFICE USE ONLY*****

Date Test Created _____

Date Test Codes Emailed _____

Date Test Completed _____