



Lansing Community College
1121 – Enrollment Services
Room 203, Gannon Building
PO Box 40010
Lansing, MI 48901-7210
Phone: (517) 483-1200
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financial_aid@lcc.edu

Financial Aid Ability to Benefit Appeal

2008-2009

Student Name: _____ Student Number: _____

1. During the 2008-2009 Academic year, will you be enrolled in High School: Yes No
2. Is English your primary language: Yes No
3. Student Signature: _____ Date: _____
4. **A Test Proctor in the Assessment Center** (Gannon Building, Room 200) must complete the bottom portion of this sheet after your testing. The Assessment Center will retain this form once it's complete.

COLLEGE PLACEMENT TEST

- Your Arithmetic Skills score is _____ which is a level _____. (34)*
- Your Reading score is _____ which is a level of _____. (55)*
- Your Writing score is _____ which is a level of _____. (60)*

CELSA TEST (used with non-native speakers)

- Your CELSA score is _____. (Form 1 = 97 (raw 27); Form 2 = 97(raw 23)*)

* () the scores in parentheses above are the cut scores needed to qualify for ATB and receive Financial Aid.

Test Proctor Name: _____

Test Proctor Signature: _____ Date: _____

For Office Use Only

AATB

P _____

A _____

D _____

I _____

C _____

Revised 04/01/2008

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