CAPILANO UNIVERSITY

Math Placement Test Registration

2055 Purcell Way, North Vancouver, BC V7J 3H5

Name: _____ _____

Last Name/Surname/Family Name **First Name/Given Names**

Student Number: _____

Capilano University Email Address: _____

Level of MPT I wish to write: **BASIC** ◯ **PRECALCULUS** ◯ **CALCULUS** ◯ **UNSURE** ◯

I am writing the MPT for entrance into

MATH 097 ☐ **MATH 190** ☐ **STAT 101** ☐

MATH 105 ☐ **MATH 108** ☐ **MATH 116** ☐ **OTHER** ☐

Requested date of MPT: _____

month/day/year

Please acknowledge that you have read the following information by checking the box.

A charge of $25 will be applied to my CapU student account when I register for the MPT. ☐

I must bring photo ID to the MPT and arrive 15 minutes before the stated starting time. ☐

Mathematics Background

	Math Courses Completed	Letter Grade or %	Year of Completion	Where Completed
High School at the Grade 11 Level				
High School at the Grade 12 Level				
Postsecondary				