



TESTING SERVICES

MULTIPLE MEASURES SELF-REPORT UPDATE FORM

Oceanside Room 3334; San Elijo Room 101; CLC Room 104

Submit completed form to the Testing Office or email to testing@miracosta.edu

Questions? Call 760-795-6685

STUDENT ID (SURF ID): _____ DATE OF BIRTH (DOB): _____

LAST NAME: _____ FIRST NAME: _____

EMAIL ADDRESS: _____

HIGH SCHOOL GRADUATION DATE (month & year): _____

HIGH SCHOOL NAME: _____

HIGH SCHOOL CITY, STATE (or country): _____

What was your total estimated high school GPA? _____

If you do not have a GPA (grade point average), please mark the ranking/grading closest to what you received for your overall high school/secondary school performance:

1 Unsatisfactory 0-59 (F)	2 Below satisfactory 60-69 (D)	3 Satisfactory 70-79 (C)	4 Good 80-89 (B)	5 Very good 90-100 (A)

Please list the high school Math courses you have taken and grades earned:

Course Title (ex. Algebra 2)	Grade Earned (ex. A-)

Please list the English courses you have taken in high school and grades earned:

Course Title (ex. English 12)	Grade Earned (ex. B+)

By signing below, I certify that the information provided is true and correct to the best of my knowledge:

Student Signature: _____ Date: _____

Form must be filled out entirely.

Students may be asked to provide a copy of their high school transcript (official or unofficial) for verification purposes.

For Office Use Only: Test Codes: _____ Entered in PS: _____ Staff Initials: _____