

Complete the top portion of this form. After you have completed the required Ability to Benefit Test, give this form to the testing administrator. The bottom of the form must be completed and the form returned to the Financial Aid Office. A complete review of your financial aid eligibility may not be made before this form is returned.

\_\_\_\_\_  
Last Name                      First                      MI                      Social Security Number

I have taken an Ability to Benefit test at PCC within the last year.

To the best of my knowledge I have never taken an Ability to Benefit test at PCC.

### Testing Office Use

The above student has applied for financial aid at PCC and is required to take the ASSET, COMPASS, or COMPASS/ESL test to determine Ability to Benefit. Please complete this form by indicating scores for test(s) completed by the student. Return the completed form to the Financial Aid Office at: *Financial Aid Office, SY CC 212.*

#### ASSET SCORES

WRITING 10 \_\_\_\_\_

READING 20 \_\_\_\_\_

MATH 30 \_\_\_\_\_

#### COMPASS SCORES

WRITING 10 \_\_\_\_\_

READING 20 \_\_\_\_\_

MATH 30 \_\_\_\_\_

#### COMPASS/ESL SCORES

CO70 READING \_\_\_\_\_

CO80 LISTENING \_\_\_\_\_

CO90 GRAMMAR \_\_\_\_\_

\_\_\_\_\_  
*Signature of Testing Administrator*

\_\_\_\_\_  
*Extension*

\_\_\_\_\_  
*Date*