

Mathematics Course Placement

COLLEGE OF ARTS AND SCIENCES
ADVISING AND ACADEMIC SERVICES
THE OHIO STATE UNIVERSITY

Name _____
Last First Middle

Ohio State ID _____ SAT Math Score _____ Date taken _____

name.# _____ ACT Math Score _____ Date taken _____

Matriculating Term/Year ____/____ Ohio State Math Placement
Score _____ Date taken _____

Student Elected Course _____

Advisor Recommended Course _____ AP Math course: AB / BC
Score _____ Date taken _____

By signing below, I acknowledge that

1. I was advised to take the course noted above but have elected not to follow that advice.
2. I take full responsibility for the possible consequences of enrolling in a higher-level course than the course determined by my placement score and recommended by my advisor.
3. I will not attempt to use my lower placement as justification for action to retroactively adjust my record if I do not perform well in the course I elect to take.

Student signature date

Advisor signature date

Advisor printed name Department