



NO CHILD LEFT BEHIND ACADEMIC SURVEY

NAME: _____

DATE: _____

Have you taken and passed the PLACE test? YES NO When? _____

-OR-

Have you taken and passed the PRAXIS exam? YES NO When? _____

PLEASE LIST SUBJECTS IN WHICH YOU HAVE 24 OR MORE HOURS:

(Use a separate sheet for each subject. Make as many copies as needed to complete the information.)

Subject: _____

| Course | Semester Hours | University or College |
|--------|----------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL Number of Hours _____

COPY THIS FORM FOR EACH ADDITIONAL SUBJECT
(This form should be copied if you are listing more than one subject.)