



## ELM Exemption Form

1) I believe I have satisfied the ELM requirement in **one** of the following ways and I am attaching a copy of the test score report\* and/or transcript as verification of my exemption:

- |  | SCORE | TEST DATE |
|--|-------|-----------|
| • 50 or above on ELM exam  | _____ | _____     |
| • 3 or above on AP Calculus or Statistics Exam   | _____ | _____     |
| <i>*An official copy of AP score report must be sent directly from <a href="#">College Board</a> to Cal Poly Records Office for student to receive course credit at Cal Poly.</i>  |       |           |
| • 550 or above on Math SAT Exam (any I or II exam)   | _____ | _____     |
| • 23 or above on Math ACT Exam   | _____ | _____     |
| • Early Assessment of Readiness for College Program (EAP) – check appropriate box:   |       |           |
| <input type="checkbox"/> Exempt – must include copy of EAP Student Report  |       |           |
| <input type="checkbox"/> Conditionally exempt – must include copy of EAP Student Report AND copy of high school transcript showing successful completion of approved senior year activity  |       |           |
| • College math or statistics course completed with grade C or higher (must be above the level of intermediate algebra). College transcript must be attached (unofficial copy accepted to initially show exemption but official transcript must follow to receive credit for coursework). |       |           |

Course: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of College: \_\_\_\_\_

2) Please provide the following information and your signature:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Major

\_\_\_\_\_  
Cal Poly Email Address

\_\_\_\_\_  
Mailing Address (Street/City/State/Zip)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
9-digit Cal Poly Empl ID Number

3) A confirmation email will be sent to the above email address upon receipt of this form.

**Mail this form to the ELM Office, Cal Poly, San Luis Obispo, CA 93407**

**Or**

**Fax the form to the Mathematics Department at (805) 756-6537**

Office Use:    Score Input:     Hold Rmvd:     ELM/Ovr: \_\_\_\_\_    Mlstr Lvl: \_\_\_\_\_

                  In System:     Email:     Initials: \_\_\_\_\_    Date: \_\_\_\_\_