

**Florida Atlantic University**  
**COLLEGE OF ARCHITECTURE, URBAN AND PUBLIC AFFAIRS**  
**CLAST ALTERNATIVE & EVALUATION**

Florida Statutes provide alternatives for satisfying the College-Level Academic Skills Test (CLAST) requirements. Effective June, 1997, the Board of Regents authorized State Universities in Florida to implement the alternative outlined below. Undergraduate and graduate students seeking admission to the College of Education are NOT eligible for CLAST exemption. To apply for CLAST exemption, please complete this form and return it to The CAUPA Advising Center at the Boca, Davie or Fort Lauderdale campus. **You will be notified by E-mail of the action taken.** Please allow two weeks for processing. **IT IS THE STUDENT'S RESPONSIBILITY TO HAVE ALL PERTINENT OFFICIAL DOCUMENTS ON FILE AT FLORIDA ATLANTIC UNIVERSITY.**

Student Name \_\_\_\_\_ Social Sec. Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Street Address \_\_\_\_\_ Major \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

YOU MUST HAVE A 2.5 GPA IN SIX SEMESTER HOURS OF THE COURSES BELOW:				
Courses	Grade	Institution/AP/IB	Term	Comments
ENC 1101 English or Equivalent				
ENC 1102 English or Equivalent				

**OR (1) EARNED A VERBAL SCORE OF 500 OR ABOVE ON THE SAT-1, OR ITS EQUIVALENT ON THE ORIGINAL SCORE SCALE**

**OR (2) A SCORE OF 22 OR ABOVE ON THE ENHANCED ACT OR ITS EQUIVALENT ON THE ORIGINAL ACT.**

TEST \_\_\_\_\_ SCORE \_\_\_\_\_ COMMENT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

YOU MUST HAVE A 2.5 GPA IN SIX SEMESTER HOURS OF THE COURSES BELOW:				
Courses	Grade	Institution/AP/IB	Term	Comments
MGF 1*** or higher				
STA *014 or higher Statistics				
MAC *102 College Algebra or higher				

**OR (1) EARNED A QUANTITATIVE SCORE OF 500 OR ABOVE ON THE SAT-1 OR ITS EQUIVALENT ON THE ORIGINAL SCORE SCALE OF THE SAT.**

**OR (2) A SCORE OF 21 OR ABOVE ON THE ENHANCED ACT OR ITS EQUIVALENT ON THE ORIGINAL ACT.**

TEST \_\_\_\_\_ SCORE \_\_\_\_\_ COMMENT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICIAL USE ONLY – ACTION				
	APPROVED	DENIED	DEFER	REASON
Communication				
Computation				

EVALUATOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Evaluator Name: \_\_\_\_\_ Bldg/Room \_\_\_\_\_ EXT \_\_\_\_\_ Campus \_\_\_\_\_