



**Center for Academic Success**

**EIL 223 and 227**

Check the box if you passed. If you did not pass, please include your final score in the box.

Test Type	Passed	Not Passed
Reading		
Writing		
Listening		
Speaking		

**EIL 313 and 317**

Check the box if you passed. If you did not pass, please include your final score in the box.

Test Type	Passed	Not Passed
Reading		
Writing		
Listening		
Speaking		

**EIL 320**

Check the box if you passed. If you did not pass, please include your final score in the box.

Test Type	Passed	Not Passed
Reading		
Writing		
Listening		
Speaking		

**All Students Read and Sign**

I have met with Kaala from the Center for Academic Success and have developed a plan to succeed in passing EIL. **I will attend my meetings, or I will communicate with the Center when I need to reschedule.**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_