



# CAAP Testing Petition

Student ID: \_\_\_\_\_ Student Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Catalog Used: \_\_\_\_\_ Major: \_\_\_\_\_

I am requesting permission to (*check one*): \_\_\_\_\_ Postpone \_\_\_\_\_ Waive the CAAP Testing graduation requirement.

I am requesting permission to post pone/waive because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that if I am granted a postponement, my diploma and transcripts will be held until CAAP testing is completed the next semester it is given. Release of transcripts will be to a licensing board only.*

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

\_\_\_\_\_ Approved for \_\_\_\_\_ Waiver

\_\_\_\_\_ Postponement to \_\_\_\_\_ Semester

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

*Mike Martinez, Vice President for Student Affairs*

CC: Student File/Office of Admissions and Records  
Testing Services

***This form must be printed and faxed to 575-624-7144 or scanned and e-mailed to records@roswell.enmu.edu***