



Summer 2015

To enroll call:

(337) 482-6386

or register online at

keeplearning.louisiana.edu

ACT WORKSHOP

This workshop is designed to teach students how to use minimal time to achieve maximum results on the ACT.

The seminar will cover six basic areas:

- 1) Preparing for the ACT
- 2) Approaching the test
- 3) Format of the ACT
- 4) Analysis of Sample Questions
- 5) Importance of Student Profile & Interest Inventory
- 6) Questions commonly asked about the ACT

Included in the topics are general overviews of the skills needed to be successful on the ACT and the impact of ACT results. Information on test registration, dates, centers and times will also be made available. This workshop is designed for those students who have not previously taken the ACT.

1 session Fee: \$30

Date/Time: May 2, Saturday, 9 am - 12 noon

INTENSIVE ACT PREPARATION COURSE

Course covers the four main sections of the ACT-English, Math, Reading and Science Reasoning by practicing with three full length ACT tests. Tests given will be scored and analyzed to increase the student's testing confidence and success. Strategy will be stressed to allow each student to reach his/her maximum score.

Sessions: 5 Fee: \$209

Date/Time: June 1 - 5, Monday - Friday, 9 am-12 noon

To get maximum benefit, students should attend all 5 classes. Class size is limited.

Optional Writing: June 2, Tuesday from 1 pm - 2 pm and June 4, Thursday from 1 pm - 3 pm, additional \$30

Optional sessions are offered for students who plan on attending a college or university that requires a writing score.

CALL 337-482-6386

ACT WORKSHOP / INTENSIVE ACT PREPARATION / OPTIONAL WRITING

ACT Workshop: May 2, Saturday, 9 am - 12 noon - Fee: \$30

Optional Writing: June 2, Tues from 1 pm - 2 pm

Int. ACT Prep.: June 1 - 5, Mon - Fri, 9 am - 12 noon - Fee: \$209

June 4, Thurs from 1 pm - 3 pm - Fee: \$30

Name _____ Date of Birth _____

Parent's Name _____ E-mail _____

Confirmation Address _____

STREET

CITY

STATE

ZIP

Phone (Home) _____ (Work) _____ (Cell) _____

Form of payment: Check (payable to UL Lafayette) VISA MasterCard Discover

Card Number _____ Expiration Date _____ Security Code _____
(last 3 or 4 digits on back of card)

Authorizing Signature _____ Total Amount Enclosed: \$ _____

Mail To: **UL Lafayette Continuing Education, P. O. Box 42411, Lafayette, LA 70504**

This registration form may be duplicated for multiple registrations.