



UNIVERSITY
OF
LOUISIANA
L a f a y e t t e [™]

Fall 2018

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. 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.

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

Sat, Nov 3, 9 am - 12 noon, Fee: \$34

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 ability and testing confidence.

Option 1: Wed, Sept 19, 26, & Oct 3, 4:45 pm - 7:45 pm, and Sat, Sept 22, 29, & Oct 6, 9 am - 12 noon, Fee: \$225

Option 2: Wed, Nov 7, 14, & 28, 4:45 pm - 7:45 pm, and Sat, Nov 10, 17, & Dec 1, 9 am - 12 noon, (No class Nov 21 & 24), Fee: \$225

CALL 337-482-6386

ACT WORKSHOP/INTENSIVE ACT PREPARATION

ACT Workshop: Fee: \$34 ☐ Sat, Nov 3, 9 am - 12 noon

Intensive ACT Preparation: Fee: \$225

☐ Wed, Sept 19, 26, & Oct 3, 4:45 pm - 7:45 pm,
Sat, Sept 22, 29, & Oct 6, 9 am - 12 noon

☐ Wed, Nov 7, 14, & 28, 4:45 pm - 7:45 pm,
Sat, Nov 10, 17 & Dec 1, 9 am - 12 noon, (No class Nov 21 & 24)

Name _____ Date of Birth _____

Parent's Name _____ E-mail _____

Confirmation Address _____

Phone (Home) _____ STREET _____ (Work) _____ CITY _____ (Cell) _____ STATE _____ ZIP _____

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

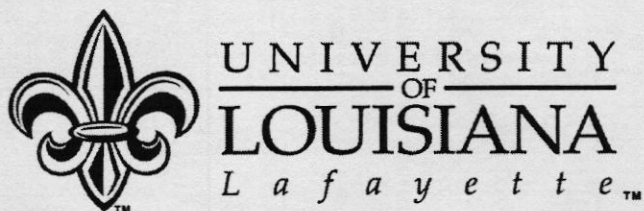
Card Number _____ Expiration Date _____ Security Code _____

(last 3 or 4 digits on back of card)

Authorizing Signature _____ Total Amount Enclosed: \$ _____

Mail To: **UL Lafayette Continuing Education, PO Box 43601, Lafayette, LA 70504**

This registration form may be duplicated for multiple registrations.



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Continuing Education
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ACT WORKSHOP

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