

THE ABILITY-TO-BENEFIT TEST REGISTRATION FORM

ATB Basic Skills Test

Complete the requested information below. Return this form along with a **non-refundable/non-transferable** \$30.00 test fee, if by mail, check or money order payable to Cleveland State University or in person, cash, check or money order to the following address:

Cleveland State University, Testing Center, 2124 Chester Avenue Rhodes West #215,
Cleveland, Ohio 44115.

Once your registration material is received our office will contact you to schedule an appointment to take the test. Office hours are Monday – Friday, 8:00am – 5:00pm. You can contact our office at (216)687-2272 if you have any concerns or questions.

On the day of testing you must have a valid photo ID and your receipt. Arrive 15 minutes before your scheduled testing time. **Late candidates will not be tested & will forfeit their testing fee.**

Please note if this is your second time testing (within 60 days of previous testing) the retest is free. In the event you must take the test a 3rd time you must wait 6 months from the previous test date and pay the \$30.00 test fee.

Name _____ Daytime Telephone # _____

Social Security # _____ House Address _____

City, State, Zip Code _____

School you are applying to: _____

Is this the first time you have taken this test? [] Yes [] No

If you have taken this test before, how many times have you taken it? _____

List previous test date(s) if possible _____

I have read the agreement above and understand the conditions required for registration and testing.

Signature _____ Date _____