## College-Level Examination Program Test Registration Form

Phone: (216)687-2272

2124 Chester Ave. RW 215, Cleveland, Ohio 44115

Complete all requested information below <u>LEGIBLY</u>. Indicate your 1<sup>st</sup> & 2<sup>nd</sup> test date/time choices to help us better accommodate your availability. If all information is not completed and/or your \$30.00 registration fee (paid cash, money order, check-payable to CSU), per test, is not included your registration form will be returned to you for further action. *Please allow 5-7 business days for mailing and processing*. If either of your choices can be accommodated, we will register you for that requested date/time & a confirmation email will be sent (if applicable), otherwise USPS will be utilized to send your confirmation.

## PLEASE PROVIDE ALL THE INFORMATION REQUESTED ON THIS FORM PLEASE PRINT

Name:_			
Address	::		
Daytime	e Phone: <u>(</u>		
	PLEASE CHECK TI	STS YOU AF	RE TAKING
College	American Government American Literature Analyzing and Interpreting Literature Biology Calculus Chemistry College Algebra College Composition College Composition Modular College Mathematics English Literature Financial Accounting French Language German Language History of the United States  : Early Colonization to 1877 History of the United States   I: 1865 to Present  CLEP SCC  /University:	O II O II O II O II O II O P O P O P O P O S O S O V O V	<del></del>
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	Preferred	Test Date/Ti	<u>ime</u>
1 <sup>st</sup> Test Date Time		!	
2 <sup>nd</sup> Test Date Time		<u>,                                      </u>	
	stand that the \$30.00 service fee is ng you are acknowledging the above statemen	-	ole / non-transferable.
Signature —			Date————