

CLEP TEST REGISTRATION FORM

DATE _____ (Registration VOID after 6 months)

STUDENT ID# _____ **TYPE OF STUDENT:** IWU NON-IWU(circle one)
SSN _____ **Name of School to Send Scores:** _____
Male _____ **Female** _____

PERSONAL INFORMATION

Name _____ Core Group _____
Address _____ City/State/Zip _____
E-mail _____ Date of Birth _____
Phone Daytime _____ Phone Cell _____

TESTS FOR WHICH YOU ARE REGISTERING

I have verified with an advisor that these tests will fulfill elective requirements:

Yes No (Circle one)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

FEES

Registration: Number of tests _____ x \$25.00 = \$_____ (non-refundable)

Transcription: Number of credits _____ x \$25.00 = \$_____

Payment Options for Registration and Transcription fees **ONLY and submitted with Registration form:** (*American Express Not Accepted*)

1. Credit Card: Type of Card _____ Exp. Date _____
Card Number _____ V Code: _____
Cardholder Name _____

2. Personal Check made out to *Indiana Wesleyan University*

Test: Number of tests _____ x \$77 = \$_____

Payment Options for CLEP test fee ONLY – **Due at test center on day of test:**

Active Military: No Test Fee Required

Credit Card: (*American Express Not Accepted*)

Type of Card _____ Exp. Date _____
Card Number _____ V Code: _____
Cardholder Name _____

Personal Check made out to *CLEP*

TESTING CENTER (Check One)

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Dayton |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Ft. Wayne |
| <input type="checkbox"/> Marion | <input type="checkbox"/> Louisville |
| <input type="checkbox"/> Kokomo | <input type="checkbox"/> Lexington |
| <input type="checkbox"/> Greenwood | <input type="checkbox"/> Columbus IN |
| <input type="checkbox"/> Indy North | <input type="checkbox"/> Indy West |
| <input type="checkbox"/> Merrillville | <input type="checkbox"/> Columbus OH |

MAIL/FAX FORM & PAYMENT TO:

Indiana Wesleyan University
Attn: AGS Student Acct Services
1900 W 50th Street
Marion, IN 46953
Fax: **765-677-2760**

NOTE: Photo ID required at time of test