DSST TEST REGISTRATION FORM

DATE:_____ (registration VOID after 6 months)

STUDENT ID# _____
SSN _____

TYPE OF STUDENT: IWU NON-IWU(circle one)
Name of School to Send Scores:
_____

PERSONAL INFORMATION

Name _____
Address_____
E-mail _____
Phone Daytime _____

Core Group _____
City/State/Zip _____
Date of Birth _____
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 = $_____(nonrefundable)
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 $80 = $_____
Payment Options for DSST test fee ***ONLY due at test center on day of test***:
Credit Card: (*Discover Card not accepted)*
Type of Card _____ Exp. Date _____
Card Number _____ V Code: _____
Cardholder Name_____

NO CHECKS ACCEPTED FOR TEST

TESTING CENTER (Check One)

___ Cincinnati ___ Dayton
___ Cleveland ___ Ft. Wayne
___ Merrillville ___ Louisville
___ Kokomo ___ Lexington
___ Greenwood ___Columbus IN
___Indy North ___ Indy West
___ Marion ___ 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