

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)

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Dayton |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Ft. Wayne |
| <input type="checkbox"/> Merrillville | <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"/> Marion | <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