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	 Femal	le

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	4
2	5
3.	6.

FEES

Registratic	o <u>n</u> : Nur	nber o	f tests		x \$	25.00 =	= \$		(non-	refu	nda	ble)
Transcript	<u>ion</u> : Nu	umber	of cred	lits	x \$	525.00 =	= \$					
								~	-	-		-

Payment Options for Registration and Transcription fees ONLY and submitted with Registration form:

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

2. Personal Check made out to Indiana Wesleyan University

<u><i>Test</i></u> : Number of tests x $\$80 = \$$	
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	
Cardholder Name	
Personal Check made out to CLEP	

Personal Check made out to CLEI

TESTING CENTER (Check One)

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