COLLEGE-LEVEL EXAMINATION PROGRAM (CLEP)

Save **REGISTRATION FORM** Print
PLEASE PRINT

Name: _____
Last First M

Street Address: _____

City/State/Zip: _____

E-Mail Address: _____

Daytime Phone Number _____

Date of Birth: _____/_____/_____ Gender_____
Month Day Year M or F

Color of Hair:_____ Color of Eyes:_____

Exam Fee: $72 (payable the day of the exam)
Exam Fee will change to $77 July 1, 2010

Credit Card (preferred payment) Visa or MasterCard
Check: Payable to CLEP

Administration Fee(non-refundable): $20 (payable at time of registration)
Cash
Check: Payable to Chattanooga State

Name of CLEP Exam to be taken _____
There is a six-month waiting period for repeating exams

Return this form along with your $20 non-refundable administration fee to:
Chattanooga State Testing Center
4501 Amnicola Highway
Chattanooga, TN 37406

Pre-registration is required. No walk-in CLEP testing

TESTING CENTER USE ONLY:

Date of Test: _____ Score_____

Payment method: _____Check _____ Credit Card