



COLLEGE –LEVEL EXAMINATION PROGRAM (CLEP) REGISTRATION FORM

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/F

Check: Payable to CLEP
Exam fee: \$80.00 (pay online)
Credit Card(preferred payment) visa or MasterCard

Check: Payable to Chattanooga State
Administration Fee (nonrefundable) \$25 (payable at time of registration) Cash, Check, Credit Card
(we accept all major credit cards)

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

Return this form along with your \$25 non-refundable administration fee to:
Chattanooga State Testing Center
4501 Amnicola Highway
Chattanooga, TN 37406

Pre-registration is required. No walk –in accepted for CLEP testing

TESTING CENTER USE ONLY:
Date of Test: _____ Score _____
Payment Method: Cash _____ Check _____ Credit Card _____