

# 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** \_\_\_\_\_ **Female** \_\_\_\_\_

## 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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## FEES

**Registration:** Number of tests \_\_\_\_\_ x \$15.00 = \$\_\_\_\_\_ (non-refundable)

**Transcription:** Number of credits \_\_\_\_\_ x \$25.00 = \$\_\_\_\_\_

Payment Options for Registration and Transcription fees **ONLY and submitted with Registration form:** (American Express Not Accepted)

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

Personal Check made out to *Indiana Wesleyan University*  
Financial Aid – (Only if you have verified that financial aid is available)

**Test:** Number of tests \_\_\_\_\_ x \$72 = \$\_\_\_\_\_

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 \_\_\_\_\_ V Code: \_\_\_\_\_  
Cardholder Name \_\_\_\_\_

Personal Check made out to *CLEP*

**Total amount Registration and Transcription fees: \$\_\_\_\_\_**

**Total amount Test fee due on day of test: \$\_\_\_\_\_**

## TESTING CENTER (Check One)

- \_\_\_ Cincinnati \_\_\_ Dayton  
\_\_\_ Cleveland \_\_\_ Ft. Wayne  
\_\_\_ Indianapolis \_\_\_ Louisville  
\_\_\_ Kokomo \_\_\_ Lexington  
\_\_\_ Greenwood \_\_\_ Columbus IN  
\_\_\_ Merrillville \_\_\_ Marion

## MAIL/FAX FORM & PAYMENT TO:

Indiana Wesleyan University  
Attn: AGS Accounting  
1900 W 50th Street  
Marion, IN 46953  
Fax: 765-677-2760

