

Credit-by-Exam

Registration Form

Testing Schedule		
February 8, 2019	May, 10, 2019	
March 8, 2019	June 14, 2019	
April 12, 2019	July 12, 2019	

For CLEP Testing information please contact Ms. Patricia Kos Ford Technology Learning Center Madonna University 36600 Schoolcraft Road Livonia, MI 48150

TEST REGISTRATION AND FEES

CLEP (Testing Site #: 1437)

Enclosure of the following fee is required:

\$20.00 non-refundable, non-transferable Test Administration fee payable to Madonna University by <u>money</u> <u>order or check only</u> (required two weeks prior to your testing session)

\$85.00 test fee <u>payable directly to CLEP</u> by credit card http://clep.collegeboard.org (You <u>must</u> bring your CLEP payment receipt and Ticket ID with you on the day of the exam).

> On the day of the exam ~Registration Begins at 8:30 a.m. ~ ~ Exam Begins at 9:00 a.m. ~ ~ No One Will Be Admitted After Exam Begins ~

~On the day of the exam CLEP Test Takers must bring with them their CLEP Payment Receipt and Ticket ID~

For further information, contact Ms. Patricia Kos by calling (734) 432-5323 or emailing testing@madonna.edu. Test sessions are limited to 9 examinees only; therefore, registration for your desired test date may not be guaranteed. Early registration and indication of a second choice of test date are encouraged. Only one exam may be taken per session.

LAST NAME:	FIRST NAME:	M.I.:	
STREET ADDRESS:	CITY:	STATE: ZIP:	
PHONE#()	Email:		
TITLE OF EXAM:			
Exam Date: First Choice	Second (Choice	
In compliance with the Americans with Disabil documentation must be sent to Madonna Unive			ŗned
\Box I need the following ADA accommo	odations:		
ARE YOU A CURRENT MADONNA UNIV	VERSITY STUDENT?	I NO	

MADONNA UNIVERSITY STUDENTS ONLY:

Please meet with your assigned academic advisor to review how this course fits into your current academic plan of study. The academic advisor's signature below indicates you have met with your advisor and have determined this exam will satisfy an academic requirement. Signature of Academic Advisor: ______ Date: ______