

SPECIAL EXAMINATION REGISTRATION FORM

\$20.00 -Written Exam

\$40.00-Practical Exam

1. Student Name: _____ Social Security Number: _____

Student Address: _____

_____ City State Zip

Student Phone Number: _____

Student Signature: _____ Date: _____

Course: _____

2. Division Chair /Instructor Approval:

Division Chair Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Test Date: _____

Test Location: Assessment Center Other _____

Instructor will forward approved exam to the Assessment Center prior to the test date.

3. Assessment Center Signature _____ Date: _____

Fee Paid _____ Test Date Confirmed _____ Test Administered _____

4. Assessment Center will return this registration form and completed test to the Instructor to be graded.

5. Instructor will grade test and send this registration form with results recorded to Records Office.

Score: _____ Instructor Signature: _____

Passed _____ Failed _____

6. Records Office will notify student of results, enter scores, and retain this form in student's official file.

Division Chairs:

Arts and Humanities
Camille Hill
123- ADM
706-6448

Physical Science
Linda Howard
225B-SCI
706-8544

Biology & Sciences
Martha Wolfe
218-SCI
706-8554

Social & Behavioral
Diane Owsley
201B-ATB
706-8554

Occupational Tech
Jane Masse
200-OTB
706-8619