



Testing Center
Sanford Hall, 3rd floor
800 Georgia Southwestern State University Drive
Americus, GA 31709
931-2661 or 931-2933 (Voice)
931-2958 (Fax)

Please Print

Name (First, Middle, Last) **Student ID**

Mailing Address **City** **State** **Zip**

Work Phone **Home Phone/Cell Phone** **E-mail Address**

Test needed/School Name **Test Date** **Time of Test** **Fee**
Proctored/ **\$25.00**

eCore _____

Method of Payment

___ **Check /Money Order** ___ **Cash**

NOTICE TO ALL PERSONS

You must bring a photo ID with you at the time of the test. **NO PHOTOCOPIES ALLOWED!**

Please do not bring children, cell phones, food, or drinks to the Testing Center. Students who are unable to arrange childcare may not test. If you are found cheating the test will stop immediately with no refund.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING THE SAME.

Print Name: _____ **Date:** _____

Signature: _____

Please take this form along with your payment to our Student Accounts department which is located in the Marshall Student Center prior to taking the test.

Student Accounts Office Hours
Mon-Thur 8:30am-4pm
Fri 8:30am-2pm