

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)						
Mailing Address		City		State	Zip	
Work Phone	Home Phone/Cel	Home Phone/Cell Phone		E-mail Address		
Test needed/School Name Proctored/	Test Date	Time of Test	Fee 15.00			
<u>CLEP</u>						
Method of Payment						
Check /Money Order	Cas	sh				
	NOTICE 1	ΓΟ ALL PERSONS				
You must bring a photo ID with	you at the time of th	e test. NO PHOTOCO	OPIES AL	LOWED!		
Please do not bring children, cell childcare may not test. If you are					nable to arrang	
I CERTIFY THAT I HAVE READ AN	D UNDERSTAND TH	IIS STATEMENT BEFO	RE SIGNIN	G THE SAME.		
Print Name:		Date: _				
Signature:						
Please take this form along with y	your payment to our S	tudent Accounts departs	nent which i	s located in Can	es Central prior	

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