

eCore Testing Registration

Name (First, Middle, Last) _____

Mailing Address _____ City _____ State _____ Zip _____

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

Test Information

Test needed/School Name _____ Test Date _____ Time of Test _____ Fee \$20.00
Proctored/ _____

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 Canes Central prior to taking the test.

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

Testing Center

*ADDRESS 800 Georgia Southwestern State University Drive | Americus, Georgia 31709
PHONE (229) 931-2661 or 229-9312933 (voice) | LOCATION Sandford Hall, 3rd Floor*