

**COLLEGE LEVEL EXAMINATION
(CLEP)
REGISTRATION APPLICATION**

Last Name _____ First Name _____ Middle Initial _____

Address _____

Street Address

City, State, and Zip Code

Telephone Number _____

Date of Birth _____

Student Number: _____

*If you are not a Wallace Student, please enter the name of the school you are taking this test for.

Name of CLEP Test _____

Business Office Use:

Charge Entry to Student's Account – **M999** (Misc. Revenue)

Receive payment

Return form stamped "PAID" to student along with receipt

Student will submit stamped form to Testing Department

Payment Method: Cash _____
Check _____
Credit Card _____
Money Order _____

Registration Fee: \$15.00 Paid _____