

**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 \_\_\_\_\_