



WORKKEYS ASSESSMENTS  
NCRC

Full Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

WorkKeys Assessments \$55 (\$25 retest per assessment)

\_\_\_\_\_ Applied Math    \_\_\_\_\_ Graphic Literacy    \_\_\_\_\_ Workplace Documents

\_\_\_\_\_ Retest

Total Due \$ \_\_\_\_\_

1. I acknowledge that the fee for this test is non-refundable.
2. I acknowledge that if I miss this appointment, I will have to register for a new exam appointment and pay a new exam fee.
3. I acknowledge that I must bring a form of photo ID with me that meets the requirements of Wallace Community College

I agree with the above guidelines \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Signature Date

Business Office Use:

Account Code – **FM18**

Receive payment

Return form stamped “PAID” to student along with receipt

Students will submit stamped form to Testing Department Grimsley Hall, Room 126