

WILLIAM CAREY UNIVERSITY
RESIDUAL ACT REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____

Have you taken the residual ACT within the past 60 days? ____ Yes ____ No

Residual Act Test Date/Time (please circle your choice):

August 14, 2023

Nov 1, 2023

Feb 12, 2024

May 13, 2024

Method of Payment (\$68 fee): ____ Cash ____ Check ____ Money Order

Check and money orders should be made payable to: William Carey University with ACT testing in the memo line

1. Testing seats are confirmed upon receipt of completed registration form and payment.
2. Registration and payment should be received by the testing center a minimum of 7 days prior to the requested testing date/time.
3. A confirmation email will be sent via email confirming the testing seat reservation. No test seat is confirmed until a confirmation email has been received.

****Please return completed form with payment****

By mail:

William Carey University
Residual ACT Test Administrator
710 William Carey Parkway
Hattiesburg, MS 3901

or

In Person

William Carey University
WCU Box 150
Hattiesburg, MS 39401

Questions? Please contact the Test Administrator at kapittman@wmcarey.edu or 601-318-6208