WILLIAM CAREY
U N I V E R S I T Y

<u>CLEP EXAM REGISTRATION FORM</u>

First Name: _____   Last Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____

Name of CLEP Examination: _____

CLEP exam Test Date/Time: _____
For test date information, visit www.wmcarey.edu/testing or call 601-318-6104.

Method of Payment ($20 test site fee fee): ___ Cash   ___ Check   ___ Money Order
Checks and money orders should be made payable to: William Carey University with CLEP testing in the memo line

Please print out and return completed form with payment to:

William Carey University
CLEP Test Administrator
WCU Box 150
498 Tuscan Avenue
Hattiesburg, MS 39401

A registration confirmation will be sent to the email address you provided above.
Please notify the Test Administrator for any cancellation or rescheduling request.
.

Questions? Please contact the Test Administrator at 601-318-6104