



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):**

*Nov. 1, 2016 – 8:00 am   Feb. 14, 2017 – 8:00 am   May 23, 2017 – 8:00 am   Aug. 8, 2017, 8:00 am*

Method of Payment (\$50 fee): \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Money Order

*Checks 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 (cash, check, or money order).
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   OR  
WCU Box 150  
498 Tuscan Avenue  
Hattiesburg, MS 39401

**In Person:**

William Carey University  
Office of Admissions located in the  
Wheeler Alumni House of the  
Hattiesburg Campus

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