

University of Alaska - Fairbanks
CLEP Test Registration Form

Testing Location:
Testing Services – 211 Gruening Bldg.

Last Name _____ First Name _____ M.I. _____

Soc. Sec. # _____ Birthdate (MM/DD/YY) _____

Address _____

City, State, Zip Code _____

Day Phone # _____ Evening# _____ E-Mail _____

CLEP Test: _____ Test Date: _____ Test Time: _____

\$97.00 per test (\$25.00 payable to UAF Testing ___ Check/MO # _____
\$72.00 payable to CLEP) ____ . **All fees are non-refundable, non-transferrable**
(\$10.00 fee for rescheduling) and subject to change.

Check here if you are an Active Duty military service member: _____ ID #: _____

CC Number _____ Expires _____

Visa ___ M/C ___ Discover ___ Signature _____

(If paying by CC, you may call 474-5277 to schedule an appt. over the phone)

Paid by Check/MO _____ Check/MO Number _____

**Please Note: If you require special accommodations, please inform Test Center staff
3 weeks in advance of test date, so appropriate arrangements can be made. Thank you.**

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