

University of Alaska - Fairbanks
NET/HOBET Registration Form

Testing Location:
CBT Center-207B Gruening Bldg.

Last Name _____ First Name _____ M.I. _____

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

Address _____

City, State, Zip Code _____

Day Phone # _____ Evening# _____ E-Mail _____

Test Date: _____ Test Time: _____

(\$40.00 per test) \$40.00 payable to UAF Testing ___ Check/MO # _____

All fees are non-refundable, non-transferrable (\$10.00 fee for rescheduling) and subject to change.

CC Number _____ Expires _____

Visa ___ M/C ___ Discover ___ Signature _____

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

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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