

CLEP REGISTRATION

Last Name

First Name

Middle Initial

Social Security No. _____

Date of Birth: _____ / _____ / _____
month / day / year

E-mail address: _____

Street Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Payment Method for CLEP fee: (please mark either check or credit card)

Check: _____

Credit Card: _____ (**CLEP prefers payment by credit card**)
(Visa or MC)

CLEP test name you will be taking:

**** (Remember you must wait six months before repeating an examination) ****

Mail To: University of Tennessee
Attn: Suzanne Jabaley
615 McCallie Avenue, 205 Hooper Hall
Department 4705
Chattanooga, TN 37403

***Did you remember to enclose your \$20 non-refundable registration fee (check payable to UTC)**