

# CLEP REGISTRATION

Last Name

First Name

Middle Initial

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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:

\*\*CLEP prefers payment by credit card\*\*

Title of CLEP test you will be taking:

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

**Mail To:** University of Tennessee  
Attn: Cindy Taylor  
648 Oak Street, 205 Hooper Hall  
Department 4705  
Chattanooga, TN 37403

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