# DSST REGISTRATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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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 DSST fee:**
(Please mark either military or credit card. Military are exempt from payment)

Military: _________

-OR-

Credit Card: _________ (**DSST prefers payment by credit card**)  
(Visa or MC)

Title of DSST test you will be taking:

_____________________________________________________

**Mail To:** University of Tennessee at Chattanooga  
Attn: Tonya Botts  
615 McCallie Ave, 205 Hooper Hall  
Department 4705  
Chattanooga, TN 37403

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