

The University of Texas at Tyler

Testing Services – ADM 360

(903) 566-7079 Fax: (903) 565-5673

Application for CLEP Examination

Please complete the information below and request an appointment for testing.

First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Student ID#	Date of Birth (mm/dd/yyyy)		
<input type="text"/>	<input type="text"/>		
Address or PO Box	Apartment #		
<input type="text"/>	<input type="text"/>		
City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
A.M. Phone	Ext.	P.M. Phone	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Payment Method		
<input type="text"/>	Credit Card / Money Order / Check		
	<input type="radio"/> <input type="radio"/> <input type="radio"/>		
	If you are paying by credit card, please bring card on day of test.		
MO or check holder's first & last name	MO or check number (last five digits)		
<input type="text"/>	<input type="text"/>		
Examination Requested			
<input type="text"/>			
Signature		Date of Application	
<input type="text"/>		<input type="text"/>	
Scheduled Test Date and Time (to be completed by testing staff)			
<input type="text"/>			