



CLEP REGISTRATION FORM

#2 John Brewers Bay • St. Thomas VI 00802 • Phone (340) 693-1100 • Fax: (340) 693-1115 • Email: cell@uvi.edu • Website: http://cell.uvi.edu

FEE: A \$30 administration fee for each 90 minute exam. A payment receipt is required with the completed form no later than the Friday before your scheduled appointment.

Name: _____
Last First MI

Mailing Address _____

City _____ State _____ Zip _____

Contact Number _____ Email _____

Testing Date: _____ Testing Time: _____

Select exam by placing an "X" in the box to the left

- | | |
|--|--|
| <input type="checkbox"/> Financial Accounting | <input type="checkbox"/> British Literature |
| <input type="checkbox"/> General Biology | <input type="checkbox"/> American Literature, Major American Writing |
| <input type="checkbox"/> Principles of Marketing | <input type="checkbox"/> French Language (Levels 1 & 2) |
| <input type="checkbox"/> Principles of Management | <input type="checkbox"/> Spanish Language (Levels 1 & 2) |
| <input type="checkbox"/> Introductory Business Law | <input type="checkbox"/> Introductory Psychology |
| <input type="checkbox"/> General Chemistry | <input type="checkbox"/> Introductory Sociology |
| <input type="checkbox"/> Info. Systems and Computer App. | <input type="checkbox"/> English Literature |
| <input type="checkbox"/> Prin. Of Macro Economics | <input type="checkbox"/> College Algebra |
| <input type="checkbox"/> Prin. Of Micro Economics | <input type="checkbox"/> Calculus |
| <input type="checkbox"/> Analyzing & Interpreting Literature | <input type="checkbox"/> Precalculus |

METHOD OF PAYMENT: Cash Check / Money Order (Payable to *University of the Virgin Islands*)

Credit Card: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

TESTER ACKNOWLEDGEMENT (please read carefully):

To the best of my knowledge, the above information is complete and accurate. I have read and understand all information provided regarding administering the CLEP exam. I am aware that my appointment is not confirmed until the non-refundable administration fee of \$30 is paid and a receipt is submitted to UVICELL. If a receipt is not submitted by the Friday before my scheduled appointment, UVICELL will cancel my appointment.

I understand that I am required to arrive 30 minutes before my appointment. I must provide **1 valid ID** and my **CLEP Ticket ID** at check-in. I understand that I cannot test without these two items. In addition, I understand that **I WILL NOT BE ALLOWED TO SIT FOR MY EXAM IF I ARRIVE LATE.**

Signature: _____ Date: _____

OFFICE USE ONLY

Fund Code: 103517

Organizational Code: 6230

Program Code 420