

NON-CREDIT REGISTRATION FORM
“Preparation for the Illinois Test of Academic Proficiency”

Please Print or Type:

Name _____, _____
Last First Middle Initial

Street Address _____

City, State, Zip _____

Phone: Evening _____ Daytime _____

E-mail address: _____

GSU Student Yes No If “Yes” ___UG ___GRAD

GSU Student ID number: _____ Program: _____

Please check all that are true for you:

___ I have already taken the TAP or ACT exam ___ (enter number 1-4) times.

Date(s) Taken: _____

I have passed the following parts of the TAP exam:

___ Mathematics ___ Reading ___ Language Arts ___ Writing

___ I am currently registered to take the TAP or ACT exam on: (date) _____

Dates: Fridays, January 16th and 23rd, 2015 4:30pm-8:30pm, and

Saturdays, January 17th and 24th, 2015 9am – 1pm

Classes meet at GSU, Room TBD

Fee: \$25.00 for GSU students/\$50.00 for non-GSU students.

All Registration forms must be received at least 48 hours before the first session begins.

No exceptions! GSU Students will be given first priority for registration.

You will receive an email confirmation before the first session with additional information if your enrollment request is accepted. **Please Note: Fee will be collected during the first workshop session. Bring a check or money order made payable to: Governors State University. No credit cards accepted.**

Signature of Participant _____ Date _____

Mail or email or fax application to:

Renee K. Zdych; rzdych@govst.edu; fax no.: 708-534-8451

Director, Academic & Student Services

Governors State University

One University Parkway, G249

University Park, IL 60484

Date received: _____

Staff: _____