

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: Saturdays, September 20 and October 4, 2014, 9am – 1pm
And Fridays, September 26 and October 3, 2014, 4:30-8:30pm
Classes meet in the Literacy Zone Room D34015

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

GSU Students will be given first priority for registration.

Forms are due one (1) week prior to the first session. You will receive an email confirmation 3 days before the first session with additional information if your enrollment request is accepted.

Please Note: Fee will be accepted during the first workshop session. Please 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: _____