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 previously attended GSU’s TAP workshop. Date: ______________________

[ ] 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 15th and 22nd, 2016 4:30pm - 8:30pm, and
      Saturdays, January 16th and 23rd, 2016 9am - 1pm
 Classes meet at GSU, Room TBD

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

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.

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 Date received: __________________
One University Parkway, G249 Staff: __________________
University Park, IL  60484