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) ____________

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Dates: Fridays, March 4th and 11th, 2016 4:30pm - 8:30pm, and
Saturdays, March 5th and 12th, 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