

NON-CREDIT REGISTRATION FORM

“Preparation for the Illinois Basic Skills Exam”

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 Basic Skills exam _____ (enter number 1-4) times.
Date(s) Taken: _____

I have passed the following parts of the exam:

_____ Mathematics _____ Reading _____ Language Arts _____ Writing

_____ I am currently registered to take the Basic Skills exam on: (date) _____

Date: Saturdays, March 10th, 17th, 24th, 31st and April 7th, 2012

Time: 9:00am – 1:00pm

Location: Governors State University

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

Director of Academic and Student Services for the College of Education

Governors State University

One University Parkway, G249

University Park, IL 60484

Date received: _____

Staff: _____