Governors State UNIVERSITY

NON-CREDIT REGISTRATION FORM

ñTest of Academic Proficiency (TAP) Workshopò

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 TAP exam on: (date)_____

****

Dates: Saturdays, July 26th, August 2nd, Aug 9th and Aug 16th, 2014 from 9am-1pm

Location: Governors State University

****Fee: $25.00 for GSU students/alumni and $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 fax form:
Fax: 708-534-8451
Mail: Governors State University, COE
One University Parkway, G256
University Park, IL 60484

Date received: _____
Staff: _____