

NON-CREDIT REGISTRATION FORM

“Test of Academic Proficiency (TAP) Workshop”

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, March 29th, April 5th, April 12th, April 26th, 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: _____