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, November 6th and 13th, 2015 4:30pm-8:30pm, and
   Saturdays, November 7th and 14th, 2015 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:
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