**NON-CREDIT REGISTRATION FORM**

*“Preparation for the Illinois Test of Academic Proficiency”*

**Please Print or Type:**

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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) ________________

***************************************************************************

Dates: Fridays, September 25th and October 2nd, 2015 4:30pm-8:30pm, and

Saturdays, September 26th and October 3rd, 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:

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