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Test of Essential Academic Skills (TEAS) Registration Form

Student # _____

1st Time Testing

Retake

Name _____

Address _____
Number/Street City State/Zip Code

Phone _____

Email _____

Please print legibly.

Check www.schoolcraft.edu/testingcenter/teas for available dates, times, and price

1st Choice: Date _____ Time _____

2nd Choice: Date _____ Time _____

A confirmation form will be emailed to you with your assigned date and time.

Exam will take place in the Testing Center - McDowell Center
Room 220 - Top Floor

**The cost for the TEAS test is \$115*

Please read & initial: *By initialing, I agree to the following requirements,*

_____ I understand that I will not be able to take the TEAS test on test day without my current government issued photo ID, ATI username and password. (Instructions for obtaining your ATI username and password are in your confirmation email.)

_____ I confirm that I will not be allowed to take the TEAS test on test day if the name on my ATI account does not match the name on my current government issued photo ID. I acknowledge that my fee will not be transferred or refunded.

_____ I have included a **non-refundable and non-transferable** payment with cash, credit card, check or money order payable to Schoolcraft College. Payment must be included with this registration form. Fees are subject to change.

Total Amount: \$ _____ Today's Date: ____/____/____

Credit Card Payment:

After receiving your emailed TEAS Confirmation, please call Schoolcraft College Cashier's Office at 734-462-4449 to give your credit card information and complete the payment process within 2 business days.

Return this completed form to:

Schoolcraft College, Testing Center, 18600 Haggerty Rd., Livonia, MI 48152
phone: 734-462-4806 Email: testing@schoolcraft.edu fax: 734-462-4808

ALL INFORMATION MUST BE PROVIDED. PAYMENT CANNOT BE PROCESSED UNLESS COMPLETE.

OFFICE USE ONLY: Processed By _____ Date Received _____ Roster _____
Confirmed: email _____ Amount Paid _____ Cash _____ Check _____ Emailed to Cashiers _____

Office Use Only: Cash Codes LAC/CLC 02-5610, Receipt # _____