

Test of Essential Academic Skills (TEAS) Registration Form

**** REMOTE TESTING DELIVERY ** REMOTE TESTING DELIVERY ** REMOTE TESTING DELIVER ****

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 sent to you with your assigned date and time.

Exam will take place in your home.

**The cost for the TEAS test is \$110 + \$5 remote proctor fee = \$115*

Please initial

_____ I understand that I will not be able to take the TEAS test on test day without my ATI user name and password. (Instructions for obtaining your ATI username and password are on your confirmation form.)

_____ I confirm that I have read and followed the directions in the STUDENT REMOTE PROCTORING GUIDE.

_____ 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 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.

Signature _____

Date _____

Return this completed form and payment to:

Schoolcraft College, Testing Center, 18600 Haggerty Rd., Livonia, MI 48152 734-462-4806

Email: testing@schoolcraft.edu fax: 734-462-4808

OFFICE USE ONLY

Roster _____ Confirmed: email _____ paper _____ Amount Paid _____ Cash _____ Check _____ Credit _____ Processed By _____ Date Received _____