

Testing Schedule	
October 13, 2017	March 9, 2018
December 8, 2017	April 13, 2018
February 9, 2018	May 11, 2018

For CLEP Testing information please contact  
**Ms. Patricia Kos**  
 Ford Technology Learning Center  
 Madonna University  
 36600 Schoolcraft Road Rm. 1104B  
 Livonia, MI 48150

**TEST REGISTRATION AND FEES**

*CLEP (Testing Site #: 1437)*

Enclosure of the following fee is required:

**Madonna University Test Facilitation Fee:** \$20.00 non-refundable, non-transferable Test Administration fee payable to Madonna University by **money order or check only** (required two weeks prior to your testing session)

\$85.00 CLEP test fee **payable directly to CLEP** by credit card at [www.collegeboard.org/clep](http://www.collegeboard.org/clep).

**On the day of the exam**

~Registration Begins at 8:30 a.m. ~

~ Exam Begins at 9:00 a.m. ~

~ No One Will Be Admitted After Exam Begins ~

**You must bring your CLEP Registration Ticket with you on the day of the exam.**

For further information, contact Ms. Patricia Kos by calling (734) 432-5323 or emailing [testing@madonna.edu](mailto:testing@madonna.edu).

Test sessions are limited to 9 examinees only; therefore, registration for your desired test date may not be guaranteed. Early registration and indication of a second choice of test date are encouraged. Only one exam may be taken per session.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

TITLE OF EXAM: \_\_\_\_\_

Exam Date: First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

In compliance with the Americans with Disabilities Act a variety of testing accommodations are offered for candidates with disabilities. Signed documentation must be sent to Madonna University's Office of Disabilities Resources (Rm. 1113) before the test date.

I need the following ADA accommodations: \_\_\_\_\_

ARE YOU A CURRENT MADONNA UNIVERSITY STUDENT?  **YES**  **NO**

**MADONNA UNIVERSITY STUDENTS ONLY:**

Please meet with your assigned academic advisor to review how this course fits into your current academic plan of study. The academic advisor's signature below indicates you have met with your advisor and have determined this exam will satisfy an academic requirement.

Signature of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_