



REGISTRATION FOR TESTING

Please print:

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
STREET NO. APT. CITY ZIP

E-MAIL: _____

PHONE: _____ FSI#: _____

It is your responsibility to notify the Registrar of change in name, address or telephone number.

What program(s) are you interested in attending?

1. _____ 2. _____

Have you requested an appointment for Advisement/Counseling to discuss the need for testing/instructional accommodations? YES NO

If you are an adult with a documented disability who needs accommodations for testing, contact the Disability Services Office at (754) 321-5822 prior to testing.

Do you have a high school diploma or GED? YES NO

DATE OF BIRTH: _____ NATIVE LANGUAGE: _____ RACE: _____ GENDER: M F

If English is not your native language, do you have difficulty reading and/or writing the English language? YES NO

ARE YOU CURRENTLY ENROLLED AT McFATTER TECHNICAL COLLEGE? YES NO

McFatter Technical College reserves the right to validate test scores through the use of alternative testing.

STUDENT SIGNATURE: _____ DATE: _____