

TESTING SERVICES

INDIVIDUAL ADMINISTRATION REGISTRATION FORM



**UNIVERSITY
of ARKANSAS**

1871®

For individuals who need to take a test which is not offered at the University of Arkansas, Testing Services will try to arrange an individual administration. Although every effort will be made to accommodate all requests, the actual scheduling of the examination will be made by the director of Testing Services based on the availability of personnel and other relevant factors.

Once a completed form is submitted along with the test fee, materials will be ordered. In cases where you need to order materials, please request that they are sent to our address listed below. When the materials have arrived, you will receive a call to schedule the testing date and time. Please remember, it is YOUR RESPONSIBILITY to maintain contact with Testing Services. Testing materials usually arrive with a "return by" date. After this time, we are obligated to return them to their source. If after arranging for special administration, you are not called by Testing Services within 10 days, please call us to see if your test materials have arrived. We will make every effort to contact you upon their arrival; however, circumstances sometimes prevent us from being able to reach you.

PAYMENT INFORMATION: There is an individual test administration proctoring fee of \$50 for the first two hours and \$25 for every additional hour. The fee is based on the time allotted for the examination, not the time used. Please consult your faculty advisor or the requesting agency BEFORE you sign up for a special administration since the above FEES ARE NON-REFUNDABLE.

Check or Money Order should be made to: **UNIVERSITY OF ARKANSAS**

Return form and check to:

**TESTING SERVICES
UNIVERSITY OF ARKANSAS
HOTZ HALL ROOM 714
FAYETTEVILLE, AR 72701**

(Please type or print your information below and return it with the appropriate fee.)

INDIVIDUAL ADMINISTRATION REGISTRATION FORM

EXAMINEE INFORMATION

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EMAIL ADDRESS: _____

SCHOOL / AGENCY - TEST INFORMATION

NAME OF TEST: _____ TESTING COMPANY: _____

NUMBER OF HOURS NEEDED: _____ TEST DATE: _____

PAYMENT METHOD

CASH (in office only)
 MONEY ORDER
 CHECK

SIGNATURE: _____

PAYMENT AMOUNT: \$ _____