



**APPLICATION FOR
INDEPENDENT STUDY EXAM
\$20.00 Fee Per Test (Check or Money Order only)
Please make payable to Georgia Southern University
PO Box 8132, Statesboro, GA 30460
Cone Hall Room 2031**

Name: _____
(Last) (First) (M.I.) (Maiden)

Eagle ID: _____ E-mail address _____

Address: _____

Phone: (H) () _____ (W) () _____

Applicant Signature: _____ Date: _____

Issuing School Information

School: _____

Address: _____

Contact Person: _____ Phone: () _____

Requested Test Dates: (9:00 am or 1:30 pm, Monday – Friday only)

First Choice: _____ Second Choice: _____ Third Choice _____

----- FOR OFFICE USE ONLY -----

Actual Date of Exam: _____

Form of Payment: _____ Check _____ Money Order

Type of I.D. presented: _____ Student ID _____ Driver's License _____ Other