



Division of Student Affairs & Enrollment Management
 Cone Hall Room 2031
 Post Office Box 8132
 Statesboro, GA 30460-8067
 Phone (912) 478-5415
 Fax (912) 478-5988
<http://academics.georgiasouthern.edu/testing>

Office for Testing Services

Date: _____

Testing Coordinator
 Georgia Southern University
 PO Box 8132
 Statesboro, GA 30460

I would like to take the Regents' Test at the institution listed below according to the information provided.

Institution: _____
 (If the institution as multiple campuses, please include the campus name.)

- | | |
|---|--|
| <input type="checkbox"/> Both Sections | <input type="checkbox"/> Summer Semester |
| <input type="checkbox"/> Essay Section | <input type="checkbox"/> Fall Semester |
| <input type="checkbox"/> Reading Section | <input type="checkbox"/> Spring Semester |
| <input type="checkbox"/> I will be taking classes | <input type="checkbox"/> Hours earned to date |
| <input type="checkbox"/> I will not be taking classes | <input type="checkbox"/> I have previously received extended time on this test |

Signature: _____

Name: _____

Eagle ID Number: _____

Campus PO Box: _____ Telephone No.: _____

Mailing Address & City, State, & Zip Code:

Campus E-mail: _____@georgiasouthern.edu

Deadline for submission:

Fall Testing: by September 22
 Summer Testing: by May 12

Spring Testing: by February 24