

Andrews  University  
**COUNSELING & TESTING CENTER**

## Permission to Take CLEP

Name \_\_\_\_\_ ID# \_\_\_\_\_  
(Please Print)

LOCAL PHONE # \_\_\_\_\_

**CLASS STANDING:**

First Year       Sophomore       Junior       Senior

NAME OF CLEP TEST \_\_\_\_\_

AU COURSE # \_\_\_\_\_

**PLEASE OBTAIN THE FOLLOWING SIGNATURES**

DEPARTMENT CHAIR \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature Please)

DEAN OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature Please)

<p><b>CLEP Test Fees</b></p> <p><b>\$70 to CLEP – Visa /MC or Personal Check</b> <b>\$28 to CTC (Cash or AU Account)</b></p>
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Please return this form to the Counseling & Testing Center in Bell Hall.