

Texas A&M University ACCUPLACER Registration Form

Name: _____ UIN # _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ Email: _____

I need to take the following sections (Select all that apply)

- Writing
- Mathematics
- Reading

Test Date: _____ Test Time: _____

Retest Policy: The ACCUPLACER may be retaken once within two weeks and then not again for 30 days (from the last test date)..

Test Fee: The fee for Accuplacer examinations is \$60.00, payable by credit card/check/money order to Testing and Evaluations. Fees are due at the time of registration and are subject to change.

Scores: Is TAMU your score recipient? Yes No
 If no, where do you want it sent? _____

 Signature _____
 Date

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by the use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

| For Office Use Only: | | |
|---|---|--------------------------|
| Payment Type: | Eligible: | Receipt/Authorization #: |
| <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Check <input type="radio"/> Money Order | <input type="radio"/> Yes <input type="radio"/> No Verified by: _____ | |