CLEP/DSST TEST REQUEST FORM PERSONAL AND PROFESSIONAL DEVELOPMENT EDUCATION & CRAVEN COMMUNITY COLLEGE



For more information about CLEP and DSST, please contact the Education Program Office, BLDG, 4335 C STREET ROOM 109 MCAS CHERRY POINT, NC 252-466-3500

NATIONAL TESTING CENTER

Request for CLEP/DSST Test Administration

			rint Full Name		Command/Unit (if applicable)		
() Phone Number		En	nail Address				
CLEP			CLEP				
DSST							
CLEP exam(s) must be paid Signature of Exam	nee		Da	ite			
				e to take the indicated	test(s). Th	is service n	nember will be
	o complete the		the testing date.	e to take the indicated		is service n	nember will be
authorized the time required a Printed Name of CO,	o complete the		the testing date.		DATE	TIME	
authorized the time required a Printed Name of CO, TEST TEST TITLE #1	o complete the	exam on 1	the testing date.	Signature			Date TEST SCHEDULED (Creven CC
authorized the time required a Printed Name of CO, TEST TEST TITLE #1 CLEP	o complete the	exam on 1	the testing date.	Signature			Date TEST SCHEDULED (Creven CC
TEST TEST TITLE #1 CLEP DSST	OIC, EO DATE	exam on t	the testing date.	Signature	DATE	TIME	Date TEST SCHEDULED (Creven CC Initial)
authorized the time required in Printed Name of CO, TEST TEST TITLE #1 CLEP DSST <u>Test C</u>	OIC, EO DATE DATE	exam on t	TEST SCHEDULED (Creven CC Initial)	Signature TEST TITLE #2	DATE 1000, 11	TIME	Date TEST SCHEDULED (Creven CC Initial) 2000
authorized the time required a Printed Name of CO, TEST TEST TITLE #1 CLEP DSST	DATE	Exam on T TIME	TEST SCHEDULED (Creven CC Initial) ry Monday & ST Public Speaki	Signature TEST TITLE #2 Thursday, 0900,	DATE 1000, 11 Composit	TIME	Date TEST SCHEDULED (Creven CC Initial) 2000 say.

along with a username and password for future use.

**** Study Materials are also available for candidates to check out. For more information, please contact Cynthia Bouie at 252-466-5197 or cynthia.bouie@usmc-mccs.org