DANTES APPLICATION

NAME last first m.i.

ADDRESS street city state zip

TELEPHONE: HOME __________________ WORK __________________ DATE OF BIRTH_________________

SIGNATURE _________________________________________________________________________________________

Please indicate which exam/s you plan to take and the requested test date and time/s.

EXAM #1 TITLE __________________ DATE / TIME __________________

EXAM #2 TITLE __________________ DATE / TIME __________________

Score Recipient (Institution Name): ________________________________________________________________

DANTES FEE: $ 80.00 per examination. Credit Card or Money Order--Payable to DANTES

NSCC TESTING FEE: $25.00 per examination - (non-refundable) MONEY ORDER ONLY.--Payable to NSCC.

IDENTIFICATION - A driver’s license or other photo ID with signature is required for admission to testing.

Submit application (with Admission Form attached) with payment to:

Lynn: Lory Kwan-Keller
300 Broad Street, Rm LE232
Lynn, MA  01901
781-593-6722 x 2135 LKwanKel@northshore.edu

Danvers: June Speliotis
1 Ferncroft Rd, Rm DM213
Danvers, MA  01923
978-549-5452 jspeliot@northshore.edu

Sign the Admission Form but do not detach it. This form will be returned to you with a confirmation of date and time of testing.

NOTE: NO-SHOW FEE - Students who fail to attend their scheduled testing session without notifying the testing center 24 hours in advance will be considered a "no show" and must pay a $10.00 “no show” fee to reschedule (money order only).

--------------------------- DANTES TESTING ADMISSION FORM ---------------------------

(Do not detach.)

Bring this form and a photo I.D. to the Center for Alternative Studies and Educational Testing.

_________________________________________  __________________________________________
Student’s signature  social security number

Report to __________________________________ at ____________________ on ___________

Building / Room  Time  Day / Date

ALL PAYMENTS TO NSCC MUST BE MADE BY MONEY ORDER ONLY.

FOR OFFICE USE ONLY

Date Received__________
Receipt #___________
Amount $___________
Mailed _______________