

**Reservation for Test of Essential Academic Skills (TEAS)
 Augusta State University
 Testing and Disability Center
 2500 Walton Way
 Augusta, GA 30904
 (706) 737-1469**

Completion of this form and the payment of registration fees in the amount of **\$25.00** for the Test of Essential Academic Skills (TEAS) reserve the space and material needed for testing. **On the day of testing you will be required to pay the \$25.00 testing fee via credit/debit card. *The TEAS administration is computer-based, and registration is limited.***

Name (Please Print) _____ Date of Birth _____

Address _____

Telephone Number _____ Social Security Number _____

First time test taker? _____ If no, how many previous attempts? _____

1st Choice Testing Date: _____ 2nd Choice Testing Date: _____

Registration fees are NON-REFUNDABLE, NON-TRANSFERABLE and are due at the time of registration. If you have a disability and need accommodations, please contact the Director of Disability Services.

I realize that if I am absent on the day of the test, I forfeit the registration fees.

Signature _____

Today's Date _____

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_____ is registered for the **TEAS** to be given in the Testing Center, located in the Quadrangle of Augusta State University on the registered testing date. Report no earlier than 15 minutes prior to testing time. ***Make sure to bring a valid photo ID with signature. Registration fees are non-refundable and non-transferable. All testers must create an ATI account prior to testing at www.atitesting.com.***

Testing Date:	Registration Deadline:	Testing Time:
August 23, 2010	August 9, 2010	12:30 PM
September 13, 2010	August 30, 2010	9:00 AM
September 27, 2010	September 6, 2010	12:30 PM
October 4, 2010	September 20, 2010	9:00 AM
October 18, 2010	September 27, 2010	12:30 PM
November 1, 2010	October 18, 2010	9:00 AM

Validation _____

Today's Date _____

Fee Paid _____

Registered Test Date _____