

# HARRIS-STOWE

STATE UNIVERSITY  
ACADEMIC RESOURCE CENTER

## EXIT EXAM APPLICATION FORM

<b>Test Name:</b> <input type="checkbox"/> Biology Exit Exam	<input type="checkbox"/> Criminal Justice Exit Exam
<input type="checkbox"/> Business Exit Exam	<input type="checkbox"/> Other (specify): <input type="text"/>

**Student Name:**     
(Please Print) (Last) (First) (Middle)

**Mailing Address:**    
(Street Name) (Apartment #)

(City) (State) (Zip Code)

**Telephone Number:**  **Emergency Number:**

**Student ID Number:**  **Fee:** \$30.00

Are you a Harris-Stowe State University student?  Yes  No

If not, institution in which you are enrolled:

**College Classification:**  Freshman  Sophomore  Junior  Senior  Unclassified

**Indicate form of payment:**  Cash  Debit/Credit card  
**NO PERSONAL CHECKS OR REFUNDS.**

I understand when I arrive in the **Henry Givens Administration Building - HGA Room 013 (Lower Level)** to take the examination on the designated testing date, I will bring with me:

- Test Application Form (Marked Paid by University Cashier)
- Fee Receipt issued from the University Cashier (Room 018)
- **Current** picture identification such as a school I.D. or driver's license
- Two #2 pencils with erasers

NOTE: Books, and other aids are NOT allowed in the testing room. Other prohibited items include: Electronic devices, calculators, smart watches, radios, CD players, cell phones, food and drinks. Test session times vary from two to three hours.

I agree to the conditions concerning the administration of the examination. I, hereby, authorize the Center for Educational Assessment to release my scores to the institution in which I am enrolled.

(Signature)

(Date)