



STATE UNIVERSITY OF NEW YORK

CLEP Reserve a Date Form

Contact Information (Please print all information clearly)

Name *First* _____ *Last* _____

Address _____

City _____ State _____ Zip Code _____

Phone *Home* _____ *Cell* _____

Testing Accommodations

If you require testing accommodations due to a learning, physical, psychological, hearing, visual and/or medical disability and need special assistance or accommodations, please contact our office well in advance at (845) 574-4288/4525. All accommodations must be approved and arranged prior to taking the CLEP test.

Is Rockland Community College receiving your results? Yes No

Are you a DANTES-funded military examinee? Yes No

Exam Information (Indicate below the CLEP exam title you plan to take)

Note: If taking an exam with essay please indicate "essay required"

CLEP exam title: _____

Test Date and Time

Please enter below your first choice and an alternate date for testing.

First Test Date _____ Second Test Date _____

You will receive confirmation of your test date and time by mail.

Payment Information

Test Administrative fee: A nonrefundable \$25 money order only (payable to RCC Association). Return the completed form and fee to: Rockland Community College, Placement and Assessment, Technology Center Room 8340, 145 College Rd., Suffern NY 10901.