



CLEP Reserve a Date Form

Contact Information (Please print all information clearly)

Name *First* _____ *Last* _____

Address _____

City _____ State _____ Zip Code _____

Phone *Home* _____ *Cell* _____

Email address _____

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

Name of college where results are being sent to: _____

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 \$30 money order only (payable to RCC Association). Return the completed form and fee to: Rockland Community College, Placement and Assessment, Technology Center Room 8280A, 145 College Rd., Suffern NY 10901.