APPLICATION FOR TESTING
TROY UNIVERSITY – WESTERN REGION

SITE: Arizona Graduate ☐ Undergraduate ☐

Print Name: _____
(Last) (First) (Middle)

Address: _____ Work Phone: _____

_____ Home Phone: _____

Graduation Term: _____ Major: _____

TESTING INFORMATION:

Location: _____ Date of Test: _____ Time: _____

_____ _____ _____
Student Signature Social Security Number Date

PLEASE CHECK ONE
(One form per test)
ALL TEST FEES ARE NON-REFUNDABLE

Comprehensive Examination ☐ 1st ☐ 2nd ☐ 3rd attempt ☐ $ 50.00
Comprehensive Examination Partial Repeat (No Fee) ☐
Miller Analogies Test ☐ $ 75.00

FOR OFFICE USE ONLY

Amount Paid _____ Receipt No. _____ MOP: _____

Auth: _____
(initials) (date)

Notes: