



ACT-RESIDUAL INFORMATION SHEET

1. The ACT-Residual is administered through Testing Services at Columbia State Community College on the days listed below. Testing Services may be contacted by phone at (931) 540-2821/TDD Relay 1-800-848-0298 or by email at testingservices@columbiastate.edu. These tests are administered only to those students who have been accepted at Columbia State Community College. The test results are non-transferable to other institutions.
2. **Pre-registration is required for these tests.** The fee for this test is \$35.00. You may make payment by phone with a check card or credit card by calling (931)540-2530 or make your check or money order payable to Columbia State Community College. **The application and check or money order must be mailed to Columbia State Community College, Office of the Business Manager, 1665 Hampshire Pike, Columbia, TN 38401** by the registration deadline listed below. If you prefer to come to the campus and drop the application and payment off, the Business Office is located in the Pryor Administration Building, Room 114.
3. Applicants must be present at time indicated for their tests. **Applicants who arrive after the test begins will not be admitted.** Please bring your photo identification (driver's license or passport) and the official CSCC business office receipt with you the day of the test.
4. A book or software program to aid in preparation for taking the ACT tests may be purchased at the Columbia State Community College Bookstore or from any public bookstore or log on to the ACT website: www.actstudent.org

ACT-R Test Schedule

<u>TEST DATE</u>	<u>Registration Deadline</u>	<u>Location</u>	<u>Time</u>
May 14, 2010	May 12, 2010	Columbia, JSC-130	9:00 am



ACT-RESIDUAL APPLICATION

****Note: Payment of \$35.00 is required prior to scheduling a test date!**

You May Pay: In person at any Columbia State Campus
By phone with a Check Card or Credit Card at
(931) 540-2530/TDD Relay 1-800-848-0298
By Mail to: Business Services
Columbia State Community College
1665 Hampshire Pike
Columbia, TN 38401

NAME: _____
(LAST) (FIRST) (MI)

SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

TELEPHONE: _____
(AREA CODE)

Please indicate which test date (X) :

_____ May 14, 2010

All Tests Are:
On: Columbia Campus
In: Jones Student Center
Room 130
At: 9:00 am

(Do not write below this line -COLLEGE USE ONLY)

Receipt #: _____ **Date of Payment:** _____ **Amount:** _____