



Student Assessment Center-AC Campus  
 1260 Lexington Dr., ASC 262  
 West Columbia, SC 29170  
 Tel (803) 822-3659 Fax (803) 822-3662

On-Base National Test Center  
 4600 Strom Thurmond Blvd Room A 109  
 Ft Jackson, SC 29207  
 Tel (803) 782-3213 Fax (803) 782-3959

### DANTES Registration Form

Today's Date: \_\_\_\_\_

Are you active duty military or DOD employee?      Yes      No

#### Fee For Each Test

<p><b>\$80.00/Test</b></p> <p>On-line test payable by credit card only (Visa, Master Card, or American Express). Paper/pencil test payable by above named credit cards or money order to DSST on the day of the test.</p>	<p><b>\$25.00/Test/Proctoring Fee</b></p> <p>Payable by cash, credit card, check or money order to Midlands Technical College at time of registration.</p>
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<p>Name of Test:</p> <p>1) _____</p> <p>2) _____</p>	<p>Choice of Test Dates</p> <p>1<sup>st</sup> Test Date: _____</p> <p>2<sup>nd</sup> Test Date: _____</p>
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#### \*\*\*Daytime Phone Number

			-			-					
Name: _____											
			Last				First				Middle
Street Address: _____											
City: _____			State: _____			ZIP Code: _____					
Home Phone: _____			Work Phone: _____			E-Mail: _____					

I am aware that I must pay the \$25.00 Proctoring/Test Fee at the time of registration by cash, credit card, check or money order to Midlands Technical College. On the day of the test, I must pay the \$80.00 DSST Test Fee in the form of a credit card (Visa, Master Card, or American Express). If I wish to cancel this test, I must notify Midlands Technical College at the appropriate testing site. The Proctoring Fee is Non-Refundable.

Photo identification is required for test to be administered. Anyone who fails to present photo identification will not be tested.

Students with disabilities: If you have a disability, please contact the Student Assessment Center before you register regarding testing under special conditions. Only students with documentation of a learning or physical disability are eligible for special DANTES arrangements.

\_\_\_\_\_  
 Examinee Signature

\_\_\_\_\_  
 Date