## DANTES Registration Form

**Today’s Date:**

- **Are you active duty military or DOD employee?**  
  - [ ] Yes  
  - [ ] No

### Fee For Each Test

<table>
<thead>
<tr>
<th>$80.00/Test</th>
<th>$25.00/Test/Proctoring Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-line test payable by credit card only (Visa, Master Card, or American Express). Paper/pencil test payable by above named credit cards on the day of the test.</td>
<td>Payable by cash, credit card, check or money order to Midlands Technical College at time of registration.</td>
</tr>
</tbody>
</table>

#### Name of Test:

1. ________________________________
2. ________________________________

#### Choice of Test Dates

1. **1st Test Date:** _________________________
2. **2nd Test Date:** _________________________

### ***Daytime Phone Number

- - - - -

**Name:** ________________________________

- Last  
- First  
- Middle

**Street Address:** ________________________________

**City:** ____________________________  
**State:** ____________________________  
**ZIP Code:** ____________________________

**Home Phone:** ____________________________  
**Work Phone:** ____________________________  
**E-Mail:** ____________________________

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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.

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**Examinee Signature** ____________________________  
**Date** ____________________________