



GED Testing Center at the University of the District of Columbia

Mailing Address: 4200 Connecticut Avenue, N.W. MB1005

Washington, DC 20008

Walk In Address: 410 8th Street, NW, Suite 601

Washington, DC 20004

www.dcged.org

GED TESTING APPLICATION

REGISTRATION IS NOT COMPLETE UNTIL APPROVED BY THE GED ADMINISTRATOR OR DESIGNEE.

DIRECTIONS:
 1. COMPLETE ENTIRE APPLICATION; PRINT CLEARLY AND NEATLY IN INK.
 2. ATTACH A MONEY ORDER OR BUSINESS CHECK MADE PAYABLE TO : GED TESTING CENTER (FULL TEST: \$50.00; EACH PARTIAL TEST: \$10.00) FEES ARE NOT REFUNDABLE AND NON-TRANSFERABLE; PERSONAL CHECKS ARE NOT ACCEPTED

IMPORTANT INFORMATION
 TESTING DATES AND TIMES WILL BE DETERMINED AT THE TIME OF REGISTRATION. SEATS FOR THE EXAM ARE FILLED ON A FIRST COME FIRST SERVED BASIS. RESCHEDULING FEES : \$50 OR FULL COST OF PARTIALS (IS LESS THAN 2 BUSINESS DAYS NOTICE) OR \$10 (IF MORE THAN 2 BUSINESS DAYS NOTICE)

SOCIAL SECURITY NUMBER:	_____ - _____ - _____	DATE OF BIRTH	MONTH	DAY	YEAR	AGE
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LAST NAME/SURNAME	FIRST NAME	MIDDLE INITIAL
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STREET ADDRESS (PLEASE FILL IN THE APPLICANT'S PERMANENT ADDRESS)	APT#
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CITY	STATE	ZIP CODE	WARD
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HOME PHONE ()	ALTERNATE PHONE ()	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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DATE OF PRACTICE TEST	NAME AND CITY/STATE OF LAST PUBLIC/PRIVATE SCHOOL ATTENDED
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CIRCLE HIGHEST GRADE OF SCHOOL COMPLETED 3 4 5 6 7 8 9 10 11 12	IS THIS THE FIRST TIME YOU HAVE TAKEN THE GED EXAM SINCE JANUARY 1, 2003? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, ENTER DATE AND CITY/STATE OF LAST GED EXAM TAKEN.
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HOW DID YOU OBTAIN THIS APPLICATION? <input type="checkbox"/> GED TESTING CENTER WALK-IN <input type="checkbox"/> GED TESTING CENTER WEBSITE <input type="checkbox"/> ADULT LEARNING CENTER <input type="checkbox"/> OTHER: _____	ARE YOU ELIGIBLE FOR SPECIAL ACCOMODATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YOU HAVE A DOCUMENTED LEARNING DISABILITY, PHYSICAL DISABILITY, EMOTIONAL DIABILITY, OR ATTENTION DEFICIT/HYPERACTIVITY, YOU MAY QUALIFY FOR SPECIAL ACCOMODATIONS WHEN TAKING THE GED TEST. REQUEST FORM LD-8051 (FOR A LEARNING DISABILITY), FORM PCH – 63909 (FOR A PHYSICAL DISABILITY), FORM EMH-6027 (FORM AN EMOTIONAL DISABILITY), OR FORM ADHD – 12475 (FOR ATTENTION DEFICIT) TO BE FILLED OUT BY A CERTIFIED PROFESSIONAL OR MEDICAL DOCTOR. EACH REQUEST IS CONSIDERED ON AN INDIVIDUAL BASIS. (5/8/2006)	PLEASE CHECK THE APPROPRIATE BOX: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> BRAILLE <input type="checkbox"/> ENGLISH/LARGE PRINT
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CHECK BELOW THE ITEMS THAT APPLY TO YOU. <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> SENIOR CITIZEN	DID YOU PARTICIPATE IN A GED PREP PROGRAM? IF YES, GIVE PROGRAM NAME AND ADDRESS.
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I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION ENTERED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM A RESIDENT OF THE DISTRICT OF COLUMBIA.

SIGN HERE	DATE:
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WITH MY SIGNATURE, I AUTHORIZE THE RELEASE OF MY GED RECORDS TO THE GED PREPARATION PROGRAM/SERVICE PROVIDER LISTED.	RELEASE TO (PROGRAM NAME AND ADDRESS):	SIGNATURE/AUTHORIZATION
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TESTING INFORMATION – TO BE DETERMINED BY THE GED TESTING CENTER

DATE OF TEST :	LOCATION:
TIME:	

FOR GED TESTING CENTER USE ONLY

<input type="checkbox"/> FIRST TIME APPLICANT	<input type="checkbox"/> RE-TESTER	<input type="checkbox"/> MAKING UP EXAM	AMOUNT DUE:	FEE RECEIVED:
METHOD OF PAYMENT: <input type="checkbox"/> BUSINESS CHECK <input type="checkbox"/> MONEY ORDER	NUMBER:			
PRACTICE TEST SCORE:				
APPLICANT ID:			EXPIRATION:	
RECEIVED BY:			DATE:	

	TEST DATE	FORM	SCORE
MATHEMATICS			
LA – WRITING			
SCIENCE			
SOCIAL STUDIES			
LA – READING			



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