

## DSST Test Registration

Augusta University  
Office of Testing  
and Disability  
Services  
1120 15<sup>th</sup> Street  
706-737-1469

Please complete and return the attached registration form by the deadline listed for the date that you wish to take the DSST test. **There is a non-refundable/non-transferrable fee of \$20.00 for non-military test takers, which is due at the time of registration. The \$100.00 test fee is due on the date of the test and registered test-takers are required to pay by credit card.**

Report approximately 15 minutes prior to testing time. All tests are given via computer in testing and Disability Services located in Galloway Hall. Only one DSST test may be taken per test date.

Prior to your testing date, all test-takers must go to [www.getcollegecredit.com/search.html](http://www.getcollegecredit.com/search.html) to the DSST code number of the school they wish to send their score report to.

### On the Day of the Examination

**\*Please remember to bring a picture ID and the credit/debit card for payment**

**\*Do not bring books or paper**

**\*Do not bring any electronic devices into the testing room**

**\*The use of nonprogrammable calculators is permitted during the Principles of Statistics, Business Math, Principles of Finance and The Fundamentals of College Algebra exams.**

**Remember, if you have previously taken a DSST test, you MUST complete a waiting period of six months before you are allowed to retake the test.**

Testing Date:	Registration Deadline:	Testing Time:
May 4, 2022	April 20, 2022	9:00am
June 1, 2022	May 18, 2022	2:00pm
July 6, 2022	June 22, 2022	9:00am
August 3, 2022	July 20, 2022	2:00pm
September 7, 2022	August 24, 2022	9:00am

**2500 Walton Way  
Galloway Hall  
Augusta, Ga. 30904  
(706) 737-1469**

Completion of this form and the payment of \$20.00 for non-military test-takers reserve the space and material needed for testing. Testing is computer-based and registration is limited. Once the available spaces are filled, no more registrations will be accepted for that particular testing date.

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

1<sup>st</sup> Choice Testing Date: \_\_\_\_\_ 2<sup>nd</sup> Choice Testing Date: \_\_\_\_\_

What test are you registering for? \_\_\_\_\_

Have you taken the DSST in the past 6 months? (if yes please give the date and name of the test)

\_\_\_\_\_

**Fees are non-refundable/ non-transferable and are due at the time of registration. If I have a disability and need accommodations, please contact the Director of testing and Disability Services.**

**I realize that if I am absent on the day of the test, I forfeit the registration fees.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Today's Date**

-----  
\_\_\_\_\_  
Name

-AU does not accept examination credits for the DSST exam

**The above test-taker is registered for the DSST to be given in Testing and Disability Services, located in Galloway Hall. Please do not report until 15 minutes prior to your testing time. Make sure you bring a valid photo ID.**

***You must pay for parking. This can be done via the ParkMobile App. If you do not pay for parking, you will be responsible for a \$50.00 fine.***

\_\_\_\_\_  
Signature of TDS Staff

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

\_\_\_\_\_  
Fees Paid

\_\_\_\_\_  
Registered Test Date