



## ACT Residual Registration Form

Only officially, enrolled students of Rhodes State College can take the ACT Residual test. If you have any questions regarding your application status, call 419-995-8400. *The ACT Residual Test results are valid only at Rhodes State College and cannot be transferred to any other institution or agency. No reports will be issued by Rhodes State College (or ACT) to high schools, colleges, or scholarship agencies.*

Test Session requested:

Check one	Day	Test Date	Deadline for Fee Payment	Time	Location
<input type="checkbox"/>	Saturday	March 24, 2018	March 16, 2018	8:30 a.m.-1:00 p.m.	SCI 100
<input type="checkbox"/>	Saturday	June 9, 2018	June 1, 2018	8:30 a.m.-1:00 p.m.	SCI 100
<input type="checkbox"/>	Saturday	September 15, 2018	September 7, 2018	8:30 a.m.-1:00 p.m.	SCI 100
<input type="checkbox"/>	Saturday	December 8, 2018	November 30, 2018	8:30 a.m.-1:00 p.m.	SCI 100

Registration and payment options:

- Bring this registration form and payment to the Business Office located in the Public Service Building, Room 222
  - ACT Residual fee is \$43.00 and is non-refundable
- Pay over the phone with a credit card by calling the Business Office at 419-995-8473
- Fax this form to 419-995-8099 (for credit card)
- Mail registration form and payment to Rhodes State College, PS 222, 4240 Campus Drive, Lima, OH 45804

In the event you cannot attend the testing session you registered for, call the **Testing Center** at 419-995-8476 at **least 24 hours in advance** to reschedule your test.

**On the day of the test:**

- Testers must bring a valid photo ID. Testers without a photo ID will NOT be allowed to test
- Testers must bring payment receipt issued by Rhodes State College
- Testers may bring a four-function scientific or graphing calculator (the Testing Center will not provide calculators)
  - Prohibited Calculators:**

<b>Texas Instruments:</b> TI-89, TI-92, TI-Nspire CAS	<b>Hewlett-Packard:</b> HP 48GII, HP 40G, HP 49G, HP 50G	<b>Casio:</b> Algebra fx 2.0, ClassPad 300, ClassPad 330, CFX-9970G
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- Check in by 8:30 a.m. Late arrivals may not be allowed to test

**CUT ALONG THIS LINE; DETACH AND TESTER KEEPS TOP FOR THEIR RECORDS**

Please print legibly (complete all information; missing information could result in failure to process registration):

Name: \_\_\_\_\_ Rhodes State ID# \_\_\_\_\_  
                    First                    Middle Initial                    Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Test Date requested: \_\_\_\_\_

Make check/money order payable to Rhodes State College. Do not send cash through the mail.

Indicate form of payment:     Credit Card                       Check/Money Order                       Cash (only in person)

If paying by credit card, please complete the following:

Credit Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Credit Card Number: 

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 Signature: \_\_\_\_\_

**For Office Use Only**

Date Paid: \_\_\_\_\_ Receipt#: \_\_\_\_\_ By: \_\_\_\_\_