

CLEP Registration Fee Appeal Form

EXAMANEE INFORMATION:			
<i>Name:</i>		<i>Phone:</i>	
<i>Email:</i>			
ORIGINAL EXAM DATE:		REQUESTED EXAM DATE:	
REASON UNABLE TO TAKE EXAM ON ORIGINAL DATE (describe extenuating circumstances):			
OFFICE USE ONLY:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
CLEP ADMINISTRATOR:			
<i>Name:</i>		<i>Date:</i>	
<i>Signature:</i>			

Submit form by fax to 757-352-4685 or email to clep@regent.edu