

**Coastal Carolina University
Academic Testing Center
PO Box 261965
Conway SC 29528-6054
843-349-4011**

DSST Computer Based Test Registration Form

Please complete the following form and return it with a check made payable to Coastal Carolina University in the amount of \$40.00. The balance of the fee, \$80 must be made at the time of the test with a **credit card**. Upon receipt of your \$40 check and registration form, we will contact you to set up an appointment to take your test.

Student's Name _____

Student's Address _____

Street/PO Box

City

State

Zip

Student's Telephone # _____ SS# _____

Email _____ Date of Birth _____

Examination Title _____

Semester _____ Major _____

What is your native language? ___ English ___ Spanish ___ French ___ German
___ Japanese ___ Other _____

College Level: [] Freshman [] Sophomore [] Junior [] Senior

Student's Signature

Today's Date

10/08