HIT ASSET Pre-Entrance Exam Application

Please complete this application and return to Testing Services in Room C205.

Name _________________________________________________________

                  Last          First         MI        (Maiden)

Address _________________________________________________________

                  Street                                City/State/Zip Code

Phone ________________________________  Social Security Number _____________________

Do you need testing accommodations?  Y  N  (Please circle)

PLEASE NOTE: If you have a disability that requires testing accommodations, you must provide documentation of your disability and need for accommodations to the Student Success Center in Room C219 within seven (7) working days of the test date for which you are applying. *An exam date will be scheduled between the student and Testing Services after accommodations have been approved by a Disability Coordinator in the Student Success Center.

Have you taken the Asset exam before for Health Information Technology?  Y  N  If yes, when? __________ MM/YY

*Please read the following statements carefully:

• There is a $10.00 registration fee due at the time of registration for each test date scheduled.
• Testing Services accepts applications in Room C205 between 8:15 a.m. and 3:15 p.m. Monday – Friday. Payment is made in the Bursar’s Office in Room C213 between 8:30 a.m. and 3:30 p.m.
• The registration fee is non-transferrable and non-refundable, which means you will need to pay for another test date if moving from your original scheduled date.
• A total of two (2) tests may be taken per academic year and only one (1) test per month may be taken.
• Photo ID required on day of exam.
• The college reserves the right to change exam dates and fees at any time.
• If you have any questions about the above guidelines or need assistance completing the application, please contact Testing Services at (618) 985-2828 Ext. 8520.

I certify that the information provided is correct and that I have read and understand the above statements.

►  _________________________________________________________  ____________________________________________

Applicant’s Signature  Date

A pre-entrance exam and typing test will be scheduled with Testing Services after payment is made in the Bursar’s Office. Set aside 45 minutes for testing. Tests will be administered between November 1, 2014 and March 1, 2015, unless SICCM authorizes additional testing beyond the March 1, 2015 deadline for each campus.

FOR OFFICE USE ONLY:

Test Date ________@________ on _________________ Receipt # ___________________ Date Paid _________

Test Date ________@________ on _________________ Receipt # ___________________ Date Paid _________