REGISTRATION FOR 2014-15 THE RESIDUAL ACT

To register for the ACT-Residual (ACT-R), please return the bottom portion of this form to the *Office of Recruitment (see address at the bottom of this form)*. **PLEASE KEEP THE TOP PORTION FOR YOUR RECORDS.**

You should report to 102 Curris Center on the designated testing date, ***unless*** you have applied for and been granted Accommodations with the Office of Student Disability Services (See Velvet Wilson, 4th Floor, Wells Hall). Testing will begin **promptly at 8:00 a.m.**, unless otherwise indicated. Admission into the testing site will not be allowed after 8:00 a.m. You ***must*** bring photo identification, such as a driver's license or student I.D. You are allowed to use an approved calculator on the Mathematics section of the test (see list at *www.actstudent.org*). The test will last approximately four hours, unless you are testing with Accommodations. **Cell phones are NOT allowed in the testing location.** Please leave cell phones and other electronic devices at home or in your vehicle.

The fee for all ACT-R tests will be $50.00 (*non-refundable*), with a late fee of $5.00 beginning five (5) business days prior to the test date. If you do not take the test on the day you are registered, a new registration form and fee payment must be submitted. If your requested date is full, the form and payment will be returned to you (this is the only instance that payment will be returned). Space is limited. *Fees must accompany this form.*

Students may take the ACT (National and/or Residual) no more than twelve (12) times TOTAL. You must wait a minimum of sixty (60) days from your last ACT-R test date before you can retake the ACT-R. If a student tested previously through Residual (ACT-R) and needs to retest, then the retest should be taken on a regularly scheduled ***National*** ACT test date.

A parking permit is required for those who DO NOT have a Murray State parking tag (i.e. students, staff or faculty). Those with an MSU parking tag must park in their designated color-coded areas. **Upon receipt of your registration and fee, we will email a confirmation along with a temporary parking permit to the email address listed below; please make sure to list an active email address.** If you do not have an email, we can provide you with a permit upon your arrival on the test date. It is your responsibility to request the permit upon your arrival.

Keep this half for your records; indicate the date you have chosen here: ___________________

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We offer the ACT-R on the first Wednesday of each month, excluding October. We also offer an extra date in August and in January for admission & scholarship purposes. Please check only one of the dates to indicate your preference. If you have any questions, call the Office of Recruitment at (270) 809-2999.

Test Dates for 2014-15 Academic Year

_____ **July 2**	_____ **August 6**	_____ **August 13**	_____ **September 3**	_____ **November 5**
_____ **December 3**	_____ **January 7**	_____ **January 9**	_____ **February 4**	_____ **March 4**
_____ **April 1**	_____ **May 6**	_____ **June 3**		

Have you applied for Accommodated Testing conditions for this test date? Yes___ No ___
(If you are denied Accommodations, your fee is not refundable.)

If '*Yes*', please you must submit this Registration Form *AND* the Request for Residual ACT Reasonable Accommodations Form to Murray State University, Office of Recruitment; 102 Curris Center; Murray, KY 42071.

A check or money order made payable to Murray State University for $50.00 (*non-refundable*) must be enclosed in order for us to take your registration. Only *exact cash* will be accepted if registering in person (we do not keep change on hand).

Have you taken an ACT before? Yes___ No ___ If yes, circle type *National* **or** *Residual* **Date:**_____________

Name____ ***SS# or M# (if MSU Student)*** _____________________
Last Name ***First Name*** ***Middle Initial***

Address____
Street ***City*** ***State*** ***Zip Code***

Email ____ ***Telephone #*** ______________________________
(So that you will receive a confirmation and other important ACT-R information, please be sure to use a viable email address)

Date of Birth __________________________

Rev. 5/5/14