PROMETRIC Registration Form

Stark State College of Technology, 6200 Frank Avenue NW, North Canton, OH 44720

PLEASE PRINT CLEARLY

Full Name: _____ Date: _____
LAST FIRST MI

Address/City/State/Zip: _____

Home Phone: _____ Email: _____

Company Name: _____ Company Phone: _____

Address/City/State/Zip: _____

Are You a current Stark State College Student? ☐ Yes ☐ No Soc. Sec. #: _____

Birthdate: _____ Sex: ☐ MALE ☐ FEMALE
MONTH / DAY / YEAR

Racial/Ethnic Code: _____

AI - AMERICAN INDIAN / ALASKAN NATIVE **AS** - ASIAN OR PACIFIC ISLANDER
BL - BLACK **HS** - HISPANIC **NR** - NON RESIDENT ALIEN
WH - WHITE **UR** - UNKNOWN

Have you taken A+ or MCSE Certification Courses at Stark State's Advanced Technology Center? ☐ Yes ☐ No
Have you taken an exam at a PROMETRIC Testing Center before? ☐ Yes ☐ No

REQUIRED TO SCHEDULE EXAM

Exam Name: _____ Exam Number: _____

****Required if applicable for Microsoft MCSE****
MCP# _____

******Required for Novell tests******
PIN VALIDATION # _____

****CompTIA**** COMP ID# _____

Please state preferred dates and times you would like to take exams.
Test Administrators will do their best to schedule as close to requested times as possible.

Date: _____ Times: _____

TWO FORMS OF ID ARE REQUIRED TO TAKE A TEST. ONE FORM MUST BE A PHOTO ID.

Acceptable ID's are as follows:
Drivers license
School ID
Credit card
Any membership card
Passport
Military ID
Library card
Work badge
State/County identification card

Example of items not allowed in the testing room:
Purses
Cellular phones
Pagers (unless silent)
Notebooks
Briefcases
Backpacks
Watch alarms (unless silent)
Food or drinks

We ask that you do not bring children to the Testing Center.
There is no place available for them to wait while you test. Thank you!

Please select PAYMENT type.

☐ Master Card ☐ Cash
☐ Visa ☐ Check
☐ Discover ☐ Purchase Order
☐ Voucher

If Credit Card
Card # _____ Exp Date: _____
CID# _____ (7-digit number on the back of the credit card)
Card Holder's Address: _____
City: _____ State: _____ Zip: _____

If Voucher or Purchase order:
Voucher / PO # _____

Signature: _____

Where did you learn about our testing center?
_____

RETURN FORM TO:
Stark State College
Attn: PC Student
P.330.966.5455 ext. 4202
F.330.494.5280
pcstudent@starkstate.edu

FOR OFFICE USE ONLY
Candidate registered with ☐ PROMETRIC ☐ SSCT
Payment made to ☐ PROMETRIC ☐ SSCT
Candidate Test Fee $ _____
Order #: _____
Voucher # _____
Voucher level _____ SSCT Level: $ _____
Amount to accompany registration: $