



# ACT Registration form DRAFT

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By completing the information below I am registering for the Residual ACT test at Union College. I understand that any changes or updates about the test will be emailed to me at the email address I provide below. Learn more at [ucollege.edu/act](http://ucollege.edu/act)

**First name \***

**Last name \***

**Email \***

**I want to take the following portions of the ACT test (select all that apply): \***

- English
- Math
- Reading
- Science
- All of the above

If you are unsure of which sections to take, please contact your advisor or enrollment services.

**I have a disability and need additional testing accommodations. \***

- No
- Yes

A representative from the Teaching Learning Center will follow-up to arrange available accommodations.

**Comments:**

**I would like to take the Residual ACT on the following date: \***

- New Student Orientation - January 12, 2020 at 8:30 a.m.
- Preview Days - January 26, 2020 at 8:00 a.m.
- Preview Days - March 29, 2020 at 8:00 a.m.
- Preview Days - April 19, 2020 at 8:00 a.m.
- None of the above. I would like to schedule another date with the Career Center. My preferred date(s) are:

**Comments:**

**By submitting this Residual ACT registration form, I understand and agree to the following: \***

- I have been accepted to and plan to attend Union College.
- The test results are only valid at Union College and will be emailed within 48 hours from testing.
- \$55 cash or check written to Union College Career Center will be due at time of testing.
- I will be sent additional details, including time and location of test, to my email address above.