

VUE Testing 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 VUE Testing Center before? Yes No

REQUIRED TO SCHEDULE EXAM

Exam Name: _____ Exam Number: _____

****Required if applicable for Microsoft MCSE****

MCP# _____

****CompTIA****

COMP ID# _____

****CISCO NETWORKING ACADEMY****

CONNECTION ID: _____ CONNECTION USER NAME: _____

SOME CISCO EXAMS REQUIRE A PROMOTION CODE. PLEASE REFER TO THE CISCO WEBSITE. (Enter code below.)

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
Social Security 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
 Visa
 Discover
 Voucher
 Cash
 Check
 Purchase Order

If Credit Card

Card # _____ Exp Date: _____

CID# _____ (7-digit number on the back of the credit card)

Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Voucher, Promotion Code or Purchase order #: _____

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 VUE SSCT
Payment made to VUE SSCT
Candidate Test Fee \$ _____
Order #: _____
Voucher # _____
Voucher level _____ SSCT Level: \$ _____
Amount to accompany registration: \$ _____