



REQUEST TO TAKE REGENTS' TEST AT ANOTHER INSTITUTION

Name _____ Student I.D. _____

Address _____

_____ Zip _____

Phone (____) _____ E-mail Address _____

Name of Institution _____

Semester (*in which Test will be taken*) _____ Year _____

Have you taken the Regents' Test before? _____

Have you taken the Regents' Course(s) previously? _____

Both Parts

Essay Only

Reading Only

Signature _____

Date _____

Send to:
Office of the Vice President for Instruction
University of Georgia
101 Franklin House
Athens, GA 30602-1698
(706) 542-4336 FAX: (706) 542-0544