



**Schoolcraft
College**

TESTING CENTER

Office Use Only:

Signature: _____

Date Mailed/Picked Up: _____

Additional CWW Certificate Request Form

PLEASE PRINT CLEARLY

Birthdate: ____/____/____ Last 4 digits of Social Security Number: _____

Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Cell Phone: _____

Email: _____

- **Cost for additional CWW CPAT or Written Test certificates:**
 - **Effective 1/1/2025: \$20 each**

Signature: _____ **Mail** _____ **Pick-up** _____

Number of Certificates: _____ for CPAT Test Date: ____/____/____

Number of Certificates: _____ for Written Test Date: ____/____/____

If paying by credit card, scan and email this form to testing@schoolcraft.edu or fax to 734-462-4808. You can then call Schoolcraft College Cashier's Office at 734-462-4449 to complete the payment process by providing your credit card information. Once your payment is made your certificate(s) will be prepared for pick-up or mailing. Please allow 2 business days for processing.

Payment can also be made in person during regular business hours at:
Schoolcraft College, Testing Center, MC220, 18600 Haggerty Rd., Livonia, MI 48152

ALL FEES ARE NON-REFUNDABLE

INFORMATION MUST BE PROVIDED. PAYMENT CANNOT BE PROCESSED UNLESS COMPLETE.

Office Use Only - - - - - Office Use Only - - - - - Office Use Only - - - - - Office Use Only

Label _____ Processed by _____

Date Paid Initial

Date Received _____ Amount Paid _____ Payment Type _____ Emailed Cashiers _____

--	--

Office use only: Receipt # _____ Date _____ Cashier _____