



Schoolcraft
College®

TEST OF ESSENTIAL ACADEMIC SKILLS (TEAS) REGISTRATION FORM

Office Use Only
Date Paid/Initial

--	--

Student# _____

☐ 1st Time Testing

☐ Retake

Name _____

Address _____
Number/Street City State/Zip Code

Phone _____

Email _____

Please print legibly.

Check schoolcraft.edu/testingcenter/teas for available dates, times, and price

1st Choice: Date _____ Time _____

2nd Choice: Date _____ Time _____

A confirmation form will be emailed to you with your assigned date and time.

Exam will take place in the Testing Center - McDowell Center

Room 220 - Top Floor

*** The cost for the TEAS test is \$115**

Please read & initial: By initialing, I agree to the following requirements.

____ I understand that I will not be able to take the TEAS test on test day without my current government issued photo ID, ATI username and password. (Instructions for obtaining your ATI username and password are in your confirmation email.)

____ I confirm that I will not be allowed to take the TEAS test on test day if the name on my ATI account does not match the name on my current government issued photo ID. I acknowledge that my fee will not be transferred or refunded.

____ I will make a non-refundable and non-transferable payment with cash, credit card, check or money order payable to Schoolcraft College. Payment must be made within 2 business days of signing up. Fees are subject to change.

Amount \$ _____ Today's Date ____/____/____

Credit Card Payment:

After receiving your emailed TEAS Confirmation, please call Schoolcraft College Cashier's Office at 734-462-4449 to give your credit card information and complete the payment process within 2 business days.

Return this completed form to:

Schoolcraft College, Testing Center, 18600 Haggerty Rd., Livonia, MI 48152

Phone: 734-462-4806 ♦ Email: testing@schoolcraft.edu ♦ Fax: 734-462-4808

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

OFFICE USE ONLY: Processed By _____ Date Received _____ Roster _____

Confirmed: Email ☐ Amount Paid ☐ Cash ☐ Check ☐ Emailed to Cashiers ☐

Office Use Only: Cash Codes LAC/CLC 02-561 O, Receipt # _____