



HESI Test Registration Form

Please read and sign acknowledging you understand and agree to the following:

- * Registration forms that are mailed in will receive email confirmation if email address is provided; if no email address is provided, confirmation will then be made by phone.
- * It is my responsibility to phone the Testing Center (910- 672-1299) at least 48 hours prior to first choice provided to confirm appointment.
- * It my responsibility to arrive no later than fifteen (15) minutes prior to the exam time for check-in. If I arrive later than this check-in time, I may lose my appointment and risk forfeiture of exam fees.
- * If for some reason I must reschedule, I will contact the FSU Test Center no later than two (2) business days prior to my originally scheduled test date. If I fail to reschedule or cancel at least two business days in advance, I will be required to pay a \$10 rescheduling fee in order to reschedule.
- * I UNDERSTAND AND ACKNOWLEDGE THAT THE TEST FEE IS NONREFUNDABLE. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT IF I DO NOT RESCHEDULE AT LEAST TWO (2) BUSINESS DAYS (BUT NO LATER THAN 48 HOURS) PRIOR TO MY SCHEDULED TEST DATE AND TIME, I WILL FORFEIT THE \$55 EXAM FEE AND WILL HAVE TO REPAY IN ORDER TO SCHEDULE ANOTHER TEST DATE.

Signature _____ Date _____

Please complete the following information:

Banner ID # _____ Date of Birth (mm/dd/yy) ____/____/____

Last Name _____ First Name _____ MI _____

Mailing address _____

City/State/Zip _____

Daytime Phone (that a message may be left at) () _____

Email address (Print clearly) _____

First Choice Test Date _____ (Go to www.uncfsu.edu/uts/HESI.htm for available test dates)

Second Choice Test Date _____ (Go to www.uncfsu.edu/uts/HESI.htm for available test dates)

If returning this form and payment by mail, send to:
(money order only for \$55 payable to FSU)

University Testing Services
Fayetteville State University
1200 Murchison Road – Rm 134 Collins Bldg
Fayetteville, NC 28301

FOR OFFICE USE ONLY!

Registered by _____ Date Received/Registered ____/____/____ Receipt # _____

Scheduled to test ____/____@_____ Confirmed: In person Email Phone