



THEA (IBT) Application

Office of Testing Services

Please print legibly.

I, _____,
(First Name) (Middle Name) (Last Name)

have not taken the THEA (IBT) in the last 14 days. I understand UHD Testing Services requires a non-refundable and non-transferable testing fee each time I register to test. If I am absent from the test administration, I will not receive a refund.

Test date (first choice): _____

Test date (second choice): _____

Have you ever taken the THEA (IBT) before? Yes No (circle one)

If yes, provide date taken (mm/yyyy): _____

Did you apply for additional time to take this test? Yes No (circle one)

Last four (4) numbers of Social Security Number (required): XXX – XX - _____

Date of Birth: _____ Phone: _____

Email: _____

Signature: _____ Date: _____

Office Use Only

Amount Paid: _____

Date Paid: _____

Test Date: _____

Reporting Time: _____ A.M. or P.M.

R #/Initials: _____

Registration Log: _____

IBT – Internet Based Testing

Office of Testing Services

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Houston, Texas 77002-1001

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Rev. 02/16/2015