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