SPEECH 212 TEST-OUT APPLICATION / REGISTRATION FORM

1. Complete and return this application form prior to making a one-hour appointment for the written portion of the exam. Scan and email this form to klfulton@iastate.edu. Upon receipt of your form, you will receive a confirmation email that you are registered for the written portion and a test appointment will be scheduled. **Reservations for the SpCm 212 test-out are limited to the first 24 applications each semester.**

2. The written portion of the exam should be taken **during the semester prior to the semester you would like your test-out credits to apply**. This means that if you want the credits to apply for fall semester, you should take the written exam during summer semester; if you want the credits to apply for spring semester, you should take the written exam during fall semester. Once you have submitted this form, you will be added to a Blackboard site with further details about when you can take the test-out written exam at the Testing Center.

3. The oral exam will be held the Thursday before classes start (August for Fall test-out and January for Spring test-out). You must be available on the corresponding date for the semester you elect to test-out to participate in the oral exam.

Name: ____________________________________________  ISU ID#: __________________
(Print: last name, first name, middle initial)
Phone: ___________________  E-mail: ___________________________
Major: _____________________  Advisor: ___________________________
Classification: Fr., Soph., Jr., Sr.
Speech or performance-related experiences (high school course, theater, 4-H, job, university organizations, etc. use the back of the page as needed)
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
My strengths as a speaker include: ______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________
Accommodations Requested: (Be sure to attach university accommodation documentation)_____
__________________________________________________________________________________
__________________________________________________________________________________
My signature below verifies that I have given correct information on this form. I have read and understand the Credit-By-Exam/Test-Out information as written in the Iowa State University Bulletin. I understand that the fee of $100 for this exam will be placed on my university bill and that **I will be billed for this test even if I elect not to take it or do not pass.** If I do not report for the scheduled examination, I must initiate a new request, including the examination fee payment in order to take a future examination.

Signature: _______________________________  Date: ______________
