

DSST EXAM APPLICATION

Please complete all fields

Last Name First Name Middle Name

Home Address: Number & Street City State Zip Code

Day Telephone Evening Telephone Student Identification Number

Email Address

Name and Test Number of exam: _____
Name Test No.

Score results should be sent to _____
Institution DSST Institution Code

Number & Street City State Zip Code

These are the best times for me to schedule the exam _____
Day(s)/Time *Please be as specific as possible*

****In the event that an exam has to be rescheduled, there will be a \$10 fee for each rescheduling.****

Advisor's Signature _____
Name Date

Applicant's Signature _____
Name Date

***Please bring a credit card with you to the exam. Payment of \$60.00 (non-refundable) is due at the time of the exam by check, money order, or credit card, made payable to Medaille College.**
***Payment of \$80.00 by credit card to Prometric is due on the day of the exam and will be submitted online during the application process.**

Administrative Use Only: Exam Taken _____