



# UEXCEL® REGISTRATION FORM

## Questar III

Institution Name

\_\_\_\_\_

Please print or type all information requested and review responses for accuracy.

### Current Legal Name

\_\_\_\_\_  
Last (Family) Name First (Given) Name Middle Initial

\_\_\_\_\_  
Birth/Maiden Name (if different from current last name)

\_\_\_\_\_  
Other name(s) by which you may have been identified in relevant academic records

### Permanent Address

\_\_\_\_\_  
Number and Street Apt. or Suite Number

\_\_\_\_\_  
City State Zip Code Country (if not USA)

### Mailing Address (if different from permanent address)

\_\_\_\_\_  
Number and Street Apt. or Suite Number

\_\_\_\_\_  
City State Zip Code Country (if not USA)

### Phone Numbers (please circle "D" for day or "E" for evening)

\_\_\_\_\_  
Area Code ( ) (D/E) Area Code ( ) (D/E)  
Home Phone Mobile Phone

\_\_\_\_\_  
Email Address

**Date of Birth**            
Month Day Year **Gender (M = male; F = female)**

Please answer both questions (a) and (b) below.

(a) Are you Hispanic or Latino/Latina? Yes  No

(b) Please select the racial/ethnic group(s) you identify with regardless of your answer to the above question (you may select more than one):

- American Indian or Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian or Other Pacific Islander

Enter the Exam(s) prefix and select the term length you are registering for (e.g., SOC 163, Fall 16-week)

Exam Prefix and Number: \_\_\_\_\_ Term:  Spring 16-week  Summer 16-week  Fall 16-week  
Exam Prefix and Number: \_\_\_\_\_ Term:  Spring 16-week  Summer 16-week  Fall 16-week  
Exam Prefix and Number: \_\_\_\_\_ Term:  Spring 16-week  Summer 16-week  Fall 16-week  
Exam Prefix and Number: \_\_\_\_\_ Term:  Spring 16-week  Summer 16-week  Fall 16-week

Username: \_\_\_\_\_

Please note: Registration forms for all exams sent without a username cannot be processed.  
Email TechSupport@excelsior.edu with any questions.

**Payment**

UExcel Exam registration costs must be paid directly to your institution prior to submitting this registration form. Contact your high school administrator or guidance counselor for specific payment information for your institution.

COSTS	
UExcel Exam:	\$110.00
Pearson Vue Fee (to be paid directly to Pearson):	\$53.53
Technology Fee:	\$20.00
<b>Total:</b>	<b>\$183.53</b>

*Excelsior College UExcel examination fees are subject to change.*

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**Signature and Date**

I certify that the above statements are true and correct. I understand that false information may result in dismissal from the College; and that it is my responsibility to submit a complete package. I agree that I will comply with and be bound by all requirements and policies of the College, as set forth in this form and the *Student Policy Handbook*. My signature authorizes Excelsior College to change the email address included in my student records to the email address on page 1 of this form if it does not match what is currently on my student records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_