

ON TEST DAY

Test takers should arrive on test day...

- fifteen minutes prior to the scheduled start of the test.
- with current picture ID (driver's license or state ID).
- with at least two #2 pencils for the multiple choice portion of the exam.
- with a calculator (if test allows).

EXAMS START PROMPTLY. Arrive at the test site at least 15 minutes prior to the start of the exam. **Late students will not be permitted to take the exam.**

NOTES TO TEST TAKERS

- * The test coordinator will contact you with a test date upon receipt of your application materials.
- * Test takers who choose to re-take the same exam must wait 180 days between test dates.
- * Prior Learning Assessment credits at USM do not count toward USM residency requirement; do not affect GPA; do not qualify for financial aid payment or academic progress.

CANCELLATION/REFUND/RESCHEDULING POLICIES

RESCHEDULING: Rescheduling a test date requires a \$35 rescheduling fee and a completed *Reschedule of Test Date* form which can be obtained at the Office for Prior Learning Assessment, 253 Luther Bonney Hall, Portland Campus, or at <http://www.usm.maine.edu/pla>.

1. You have a 3-month period to reschedule from the originally scheduled test date. After that 3-month period, you must submit new registration forms, test, and administration fees.
2. If you reschedule an exam more than once, you will be placed on a stand-by list for future administrations of the exam, with the payment of the rescheduling fee of \$35.

CANCELLATIONS/REFUNDS: If you must cancel, please contact the Office for Prior Learning Assessment during office hours. To receive a refund, you must complete, sign, and submit the *DANTES Refund* form, available from the PLA office. Refunds may take up to six (6) weeks to process.

1. If you cancel seven (7) or more days before the scheduled test date, you will receive a refund equivalent to the cost of the DANTES exam (\$80). A fee of \$35 will be charged to reschedule and the policies regarding rescheduling will be in effect.
2. If you cancel six (6) days or fewer before the test date, you will not be eligible for a refund. A fee of \$35 will be charged to reschedule the exam and the policies regarding rescheduling will be in effect.
3. If you arrive after the start time of the scheduled exam, and therefore are not permitted to take the exam, you may reschedule with payment of the \$35 rescheduling fee and the rescheduling policies will be in effect.

NO SHOW: If you are not present on test day and have not notified the test center to cancel, you will not be eligible for a refund. You must resubmit new registration forms, test, and administration fees for the next available test date. A rescheduling fee will be charged.

POSTING CREDITS

- * The fee to process DANTES credits is \$15 **per transcript**. The posting fee form can be obtained at the Office for Prior Learning Assessment, 253 Luther Bonney Hall, Portland campus or at <http://www.usm.maine.edu/pla>.
- * No credit can be awarded for duplication of course content.

Posting credits to a USM transcript requires an _____ official test transcript sent from DSST(DANTES parent company) to USM.

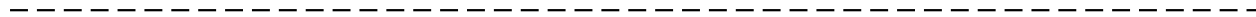
Posting credits at another institution _____ requires test takers to confirm the process for posting credits to transcripts with the other institution.

SUBMITTING APPLICATION _____

SUBMITTING SCORE TRANSCRIPT

In person or by mail: Pauline Pierre
Lewiston-Auburn College
51 Westminster Street
Lewiston, Maine 04240

By mail: DANTES Processing
253 Luther Bonney Hall
P.O. Box 9300
Portland, ME 04104-9300



**LEWISTON-AUBURN COLLEGE
DANTES EXAMINATION APPLICATION and PAYMENT FORM**

Please print the following information:

NAME _____ **USM ID #** _____

MAILING ADDRESS _____
Street _____
City _____ State _____ Zip _____

DAYTIME PHONE _____ **E-MAIL ADDRESS** _____

TEST: Number _____ Title _____
Number _____ Title _____

Billing ONLY

Account to be credited: **06-6805005-45380- 00-65** Cash Check Credit card Type: Visa MC Discover V# _____

Indicate the amount received: _____ Name on card: _____

Date received: _____ Card Number _____

Cash Check Exp. Date _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____