



**Reservation for the DSST Test
Testing and Disability Center –
Galloway Hall
Mailing: 1120 15th Street
Physical: 2500 Walton Way
(706) 737-1469**

Please complete this form
and submit the registration fee
of **\$20** to reserve the space
and material needed for
testing. *The DSST
administration is computer-
based and registration is
limited.*

**If you have previously taken a
DSST test, you MUST complete
a waiting period of six months
before you are allowed to
retake the test.**

TO BE COMPLETED BY TESTER:

Name (Please print): _____

Address: _____

City: _____ State: _____

Zip Code: _____

Telephone Number: _____

Email: _____

Date of birth: _____

TEST DATE: _____

Have you previously taken this test?

☐ Yes ☐ No

**Fees are NON-REFUNDABLE, NON-
TRANSFERRABLE and are due at the
time of registration. If you have a
disability and need
accommodations, please contact
Testing and Disability
Services (706) 737-1469.**

***I realize that if I am absent on the
day of the test, I forfeit the fees.***

Signature: _____

Date: _____

TO BE COMPLETED BY TDS STAFF:

_____ is
registered for the DSST in the Testing
Center, located in Galloway Hall on the
first floor of Augusta University. **Please do
not report until 15 mins prior to the exam
and make sure to bring a valid photo ID
with a signature!**

**You must pay for parking by scanning
QR code below.**



***If you do not pay for parking, you will be
responsible for a \$50.00 fine from Parking
and Transportation.
Fees are non-refundable and non-
transferrable.***

Test Date:	Registration Deadline:	Testing Time:
August 6, 2025	July 23, 2025	9:00am
September 3, 2025	August 20, 2025	9:00am
October 1, 2025	September 17, 2025	9:00am
November 12, 2025	October 29, 2025	9:00am

TDS Staff Signature: _____

Fees Paid: _____

Today's Date: _____

Registered Testing Date: _____