Reservation for the GACE Paraprofessional Assessment
Augusta University
Testing and Disability Services - Galloway Hall
2500 Walton Way
Augusta, GA 30904
(706) 737-1469

Completion of this form and the payment of fees in the amount of $35 for the GACE Paraprofessional Assessment reserve the space and material needed for testing. The GACE Paraprofessional Assessment administration is computer-based and registration is limited.

Name (Please Print) ____________________________________________

Address _______________________________________________________

City: __________________ State: ____________ Zip Code: ____________

Telephone Number __________________ Date of Birth _______________

TEST DATE __________________

Fees are NON-REFUNDABLE, NON-TRANSFERABLE 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 ___________________________ Today’s Date ________________

__________________________

is registered for the GACE to be

Given at 9:00am in the Testing Center, located in Galloway Hall on the first floor of Augusta University. Please do not report until 8:45 am make sure to bring a valid photo ID with signature. Fees are non-refundable and non-transferable.

<table>
<thead>
<tr>
<th>Testing Date</th>
<th>Registration Deadline</th>
<th>Testing Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 28, 2016</td>
<td>January 14, 2016</td>
<td>9:00am</td>
</tr>
<tr>
<td>February 25, 2016</td>
<td>February 11, 2016</td>
<td>9:00am</td>
</tr>
<tr>
<td>March 31, 2016</td>
<td>March 17, 2016</td>
<td>9:00am</td>
</tr>
<tr>
<td>April 28, 2016</td>
<td>April 14, 2016</td>
<td>9:00am</td>
</tr>
</tbody>
</table>

Validation – Office Signature ___________________________ Today’s Date ________________

Fee Paid ___________________________ Registered Test Date