


<b>APPLICATION TO WRITE GED TESTS FOR HIGH SCHOOL EQUIVALENCY</b>	<b>MANITOBA ECONOMIC DEVELOPMENT AND TRAINING ADULT LEARNING AND LITERACY, GED TESTING OFFICE</b> Room 362, 340-9 <sup>th</sup> Street, Brandon, MB R7A 6C2 Phone: (204) 726-6338 or 1-800-853-7402 Fax: (204) 726-6339	
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**INSTRUCTIONS: PLEASE PRINT IN INK AND COMPLETE ALL SECTIONS**

1. Please **read & complete all parts** of this application form.
2. **Your Social Insurance Number is essential.** Please be sure it is shown correctly.
3. The GED Testing Office should be notified immediately of any change of address.
4. Please provide **FULL** name when completing the application.
5. A **registration fee of seventy-five (\$75.00)** must be submitted with the application form. This fee is **NOT** refundable. Cheque and money orders are to be made payable to the **Minister of Finance**. Post dated cheques will **NOT** be accepted. **Fees are subject to change without notice.**

<b>SOCIAL INSURANCE NUMBER:</b> _____	<b>TEST MONTH DESIRED:</b> _____
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<b>SURNAME:</b> _____	<b>GIVEN NAME(S):</b> _____	<b>FOR OFFICE USE ONLY</b> (Do not Write in this Box)  Date Received: _____  Fees Enclosed: _____  Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/>  CC Auth # _____
<b>MAILING ADDRESS:</b> _____		
<b>CITY OR TOWN:</b> _____		
<b>PROVINCE:</b> _____		
<b>POSTAL CODE:</b> _____	<b>HOME PHONE:</b> _____	
<b>EMAIL ADDRESS:</b> _____	<b>DATE OF BIRTH (MONTH/DAY/YEAR)</b>  /      /	<b>LAST REGULAR SCHOOL / YEAR COMPLETED</b> <b>GRADE COMPLETED (DO NOT INCLUDE ADULT EDUCATION)</b>  _____ / _____

**PLEASE CHECK THE APPROPRIATE BOX:**

FIRST TIME TEST TAKER       REWRITING GED TEST(S)

IF YOU ARE REWRITING, COMPLETE BOX BELOW.

**FOR REWRITE TEST TAKERS ONLY: PLEASE COMPLETE THIS SECTION TO THE BEST OF YOUR ABILITY. THE INFORMATION BELOW CAN BE FOUND ON YOUR MOST RECENT TRANSCRIPT. PLEASE INDICATE THE LAST FORM YOU WROTE, AS WELL AS THE MONTH/YEAR YOU WROTE.**

	FORM	DATE (M/Y)
Language Arts, Reading.....Test 1	_____	_____
Language Arts, Writing.....Test 2	_____	_____
Mathematics.....Test 3	_____	_____
Science.....Test 4	_____	_____
Social Studies.....Test 5	_____	_____

**PLEASE REFER TO THE ATTACHED TESTING SCHEDULE AND INDICATE YOUR DESIRED TESTING DATE AND LOCATION IN THE SPACE PROVIDED BELOW:**

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

Location: \_\_\_\_\_

Alternate Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

**PLEASE NOTE: All applicants must be at least 19 years of age.**

Upon arrival at the testing site you will be asked to produce the following **TWO** pieces of identification:

- One which **must** serve as proof of age.
- One of which **must** be a **photo ID**, government issued (national or foreign)
  - It **must** include address and signature (i.e. drivers' license, passport).
- If you are unable to produce the required identification you must contact the GED Testing Office prior to testing.

**ALLOW 4 – 6 WEEKS FOR TEST RESULTS.**

I do solemnly declare that the information I have supplied in this application form is true to the best of my knowledge.

**Signature:** \_\_\_\_\_

**PLEASE NOTE:**

- Applications must be received by our office **a minimum of three weeks** in advance of desired testing date.
- Testing sites are limited in the number of candidates who are able to write at one sitting. Therefore, applicants are encouraged to supply an alternate testing date and location.
- Applicants will automatically be registered in alternate testing choice if first choice is no longer available. Applicants who do not indicate a second choice will automatically be registered in the next available sitting in same test centre. **To reschedule, contact our office at least 10 days before the testing date.**
- Testing is scheduled over **TWO days**, and you must be available to write on both days.

**CREDIT CARD PURCHASE:**

Visa     MasterCard     Expiry Date: \_\_\_\_\_

Credit Card # \_\_\_\_\_

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

Cardholder Name (please print): \_\_\_\_\_

Cardholder Address: (for receipt purposes)

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE AND SEND IN THIS FORM TO:  
**Adult Learning and Literacy – GED Testing**  
**Room 362, 340 – 9<sup>th</sup> Street, Brandon, MB R7A 6C2**  
**Fax: 204-726-6339**

**NOTE:** Make Cheques and Money Orders payable to:  
**The Minister of Finance.**  
 Postdated Cheques are not accepted.