

**Mid-Atlantic Christian University
Competency and Placement
Re-test Form**

Students are allowed only one re-test per subject.

Complete this form and submit it to the Academic Office along with the fee at least 5 business days before the retest date.

Name (please print): _____

Check one of the following: New Student Continuing Student

For testing dates and times contact testing coordinator: nancy.duffer@macuniversity.edu (252-334-2086)

Testing Date/Time: (1) _____ (2) _____

Indicate, by marking below, the subject(s) in which you wish to re-test.

Computer (\$25.00)

Math (\$25.00)

Writing (\$25.00)

Total Payment \$ _____

Check (to the order of MACU) Cash Credit Card*

*If you choose to pay with a credit card, please complete this portion:

Card Number: _____

Expiration Date: _____ (mm yyyy) security code from back of card _____

Name (as it appears on the card): _____

Billing Address: _____
(street, city, state, zip)

Phone: (_____) _____ - _____

Submit completed form and payment to Academic Office at least 5 Business days before requested test date

fax or mail to:
Mid-Atlantic Christian University
Attn: Testing Coordinator
715 N. Poindexter St.
Elizabeth City, NC 27909
Fax: 252-334-2071
Questions: 252-334-2086

Amount Received \$ _____ Received by: _____ Date: _____