Please Select One

ACAT ☐ MFT ☐

Albany State University
University System of Georgia

University Testing Center
ACAD BLDG. ROOM 195
(229)-420-7005

ACAT and MFT Examinations

Candidate Registration Application

Please print legibly.

Last Name: ______________________________ First Name: ______________________________________

Email Address: ____

RAM ID ONLY: ______________________ TELEPHONE NUMBER__________________________________

Major: Please circle one.

Biology	**Business**	**Chemistry**	**Criminal Justice**
History	**Literature in English**	**Music (Performance)**	**Political Science**
Psychology	**Social Work**	**Sociology**	

Do you have a condition which requires special accommodations for testing? Yes_____ No_____

(All candidates who request special accommodations must have documentation on file in the Disability Student Services Program.)

If yes, please explain.____

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Certification Statement

I, ______________________________, understand the following rules and regulations for completing the AREA CONCENTRATION ACHIEVEMENT TEST (ACAT) or MAJOR FIELD TEST (MFT):

1. I must have this application signed by my Department Chairperson giving clearance for the administration of the ACAT or MFT.
2. The application must be submitted to the Testing Center, fees paid, and testing appointment scheduled during the registration period of August 29 - September 28, 2012.
3. I must arrive at least 10 minutes before my scheduled appointment.
4. If I am more than 10 minutes late, for any reason, for my scheduled appointment, I will have to reschedule my examination.
5. All cellular and/or electronic devices must be turned OFF while testing. (Devices cannot be on silent, vibrate, airplane mode, etc.)
6. If any of my cellular and/or electronic devices make a sound during testing, my test scores will be cancelled.

____ ____________________________

Signature of Testing Candidate Date

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Candidates, DO NOT WRITE BELOW THIS LINE

Approval/Clearance for Candidate to complete the ACAT or MFT

____ ____________________________

Signature of Department Chairperson Date
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