WILLIAM CAREY
UNIVERSITY

RESIDUAL ACT REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____

Have you taken the residual ACT within the past 60 days? ____ Yes _____ No

Residual ACT Test Date/Time: _____
For test date information, visit www.wmcarey.edu/testing or call 601-318-6104.

Method of Payment ($40 fee): ___ Cash ___ Check ___ Money Order
Checks and money orders should be made payable to: William Carey University with ACT testing in the memo line

Please print out and return completed form with payment to:

William Carey University
Residual ACT Test Administrator
WCU Box 150
498 Tuscan Avenue
Hattiesburg, MS 39401

A registration confirmation will be sent to the email address you provided above.
Please notify the Test Administrator for any cancellation or rescheduling request.
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Questions? Please contact the Residual ACT Test Administrator at 601-318-6104