

**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 (please circle your choice):

August 4, 2025 December 1, 2025 February 2, 2026 April 27, 2026

Method of Payment (\$72 Fee): Cash Check Money Order

Check and money orders should be made payable to: William Carey University with ACT testing in the memo line.

1. Testing seats are confirmed upon receipt of completed registration form and payment.
2. Registration and payment should be received by the testing center a **minimum of 7 days** prior to the requested testing date/time.
3. A confirmation email will be sent via email confirming the testing seat reservation. No test seat is confirmed until a confirmation email has been received.

****Please return completed form with payment****

By mail:

William Carey University
Residual ACT Test Administrator
710 William Carey Parkway
Hattiesburg, MS 39401

or

In Person:

William Carey University
WCU Box 150
Hattiesburg, MS 39401

Questions? Please contact the Test Administrator at studentsuccess@wmcarey.edu or 601-318-6208.