

## REQUEST FOR CEP EXAM

Student Name \_\_\_\_\_ Credit Union \_\_\_\_\_

P O Box \_\_\_\_\_ City, State Zip \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

EXAM DATE \_\_\_\_\_ This form must be received at CUNA **4 weeks before** exam date.

Please be clear and indicate the correct edition and author of the textbook you have been studying to ensure that we send your proctor the correct exam. If no edition is printed in the textbook, write in the year of copyright.

***You Must Include Author, Textbook Editions and/or Copyright Year.***

EXAM/S TO BE SHIPPED:

**First Exam** Course Number \_\_\_\_\_ Course Name \_\_\_\_\_  
Textbook \_\_\_\_\_ Edition \_\_\_\_\_ Author \_\_\_\_\_  
Textbook \_\_\_\_\_ Edition \_\_\_\_\_ Author \_\_\_\_\_  
Textbook \_\_\_\_\_ Edition \_\_\_\_\_ Author \_\_\_\_\_

**Second Exam** Course Number \_\_\_\_\_ Course Name \_\_\_\_\_  
Textbook \_\_\_\_\_ Edition \_\_\_\_\_ Author \_\_\_\_\_  
Textbook \_\_\_\_\_ Edition \_\_\_\_\_ Author \_\_\_\_\_  
Textbook \_\_\_\_\_ Edition \_\_\_\_\_ Author \_\_\_\_\_

**PLEASE PRINT OR TYPE.**

<p>PLEASE SHIP MY EXAM/S TO: PROCTOR NAME  TITLE  COLLEGE OR INSTITUTE  DEPARTMENT  STREET  CITY STATE ZIP</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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MUST INCLUDE: PROCTOR TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

RETURN THIS FORM TO: CEP Coordinator, CUNA Inc.  
PO Box 431, Madison WI 53701-0431

**OR Fax to 608.231.4253**

A fee of \$75.00 is required for rescheduling or retesting. **If you owe this fee**, please indicate the need for invoicing below.

**Payment**

\_\_\_\_\_ Please invoice the credit union for the total amount owed.

*Please note: We would prefer to invoice your credit union, however, if you must use a credit card for payment, call our office and we will fax you the appropriate documentation to do so. Call 1.800.356.9655, extension 4055.*

THIS FORM MUST BE RECEIVED AT CUNA/CENTER FOR PROFESSIONAL DEVELOPMENT  
**4 WEEKS PRIOR TO THE TESTING DATE.**