



NOCTI ASSESSMENT PROGRAM WRIGHT STATE UNIVERSITY

APPLICATION FORM

PERSONAL INFORMATION

Name (First and Last)		Social Security Number	
Name of Career Center or High School		License Code	
Address		City, State	Zip Code
Phone (including area code)	Fax (including area code)	E-mail	

Are you currently admitted to Wright State University? Yes No

ASSESSMENT INFORMATION

Please consult the list of available assessments on the back of this form.

Assessment Date: _____

Assessment Number	Assessment Name	\$250.00 Written Assessment Fee
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Choose the Experienced Worker Assessment that relates to the area in which you are licensed and currently employed. The Workforce Education Center will verify that each candidate applies to complete the appropriate assessment.

PAYMENT INFORMATION

Payment must be received at the time of application. Checks should be made payable to Wright State University.

- | | |
|--|--|
| <input type="checkbox"/> Check enclosed | <input type="checkbox"/> Master Card (complete credit card form) |
| <input type="checkbox"/> Check will be sent from my school | <input type="checkbox"/> Visa (complete credit card form) |
| | <input type="checkbox"/> Discover (complete credit card form) |

For Office Use Only:

Date Received: _____	Payment Received: _____	Date Logged In: _____	Initialed: _____
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Return Application Form to:
Linda M. Hockaday
NOCTI Program Liaison
Office of Student Services
College of Education and Human Services
378 Allyn Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435
FAX: (937) 775-2099