

5. TEST ISSUED a. DATE (YYMMDD) b. TIME	6. EXAMINEE				7. TEST CONTROL NUMBER OR TEST SERIAL NUMBER	8. TYPE OF TEST (X one)					9. PAGE CHECK BEFORE TESTING	10. TIME TEST RETURNED	11. PAGE CHECK AFTER TESTING	12. DATE TEST AND/OR TAs MAILED FOR DANTES SCORING (YYMMDD)	13. EXAMINER'S SIGNATURE
	a. NAME (Please print)	c. PAY GRADE d. DATE OF BIRTH (YYMMDD)	e. SOCIAL SECURITY NO.	f. UNIT NAME g. UNIT PHONE NUMBER		G E D	CLEP GEN EXAM	D S T	CLEP SUBJ EXAM	E C I					