

UNIVERSITY OF NORTH FLORIDA
Office of Academic Testing

DATE: _____

TO: FINANCE AND ACCOUNTING DEPARTMENT

FROM: TESTING ADMINISTRATOR
OFFICE OF ACADEMIC TESTING

BANNER INDEX - 363000
OBJECT CODE - 571019

Please deposit the following:

\$25 TEAS (Test of Essential Academic Skills),
College of Health Nursing Program Entrance Exam

PERSON REQUESTING TEST ADMINISTRATION

NAME: _____

UNF Student ID Number: _____

INSTITUTION: _____

PLEASE WRITE YOUR DRIVER'S LICENSE NUMBER ON YOUR CHECK.

Please take this form to the Cashier's Office located in Building 1 (Daniel Hall) and save the receipt to bring with you to your testing appointment. Payments made by mail should be sent to: *University of North Florida, Attn: Cashier's Office, 4567 St Johns Bluff Rd S, Jacksonville, FL 32224. The Cashier's Office can be reached at 904.620.2472.*

Thank you.