C A A P Registration

- Name (Print) Last: _____________________________  First: _______________________  MI: __________
- Local Mailing Address: Street or PO Box: _____________________________
  City: _____________________________ State: ___________ Zip: __________
- Social Security # XXX-XX-_________  Email: _____________________________
- Chipola ID# __________  Cell Phone: __________________ Home Phone: __________
- Are you a Chipola College student athlete? _____ Yes _____ No  If you answered yes, what sport do you play? ___________________________  Do you live in the dorm? _____ Yes _____ No
- Will you require special testing conditions because of a disability? (Documentation required.) __Yes __ No  If yes, indicate special testing needs or conditions: __________________________________________
- Signature: ____________________________________________ Date: __________________________

You must return this form to the TESTING CENTER in the Student Services Building before the registration deadline which is posted on the Testing Center calendar. The CAAP is required for all AA graduates and is given only one time during each Fall, Spring, and Summer I term.

Mailing address: Testing Center
Chipola College
3094 Indian Circle
Marianna, FL 32446

FAX number: 850.718.2357