

# Application to Write GED Tests For Senior Years Equivalency

(Ce formulaire d'inscription est disponible en français)

Manitoba Advanced Education and Literacy  
Adult Learning and Literacy  
GED Testing Office



Room 362, 340-9th Street • Brandon MB • R7A 6C2  
1-800-853-7402 • Fax: (204) 726-6339 - (204) 726-6338

## INSTRUCTIONS: PLEASE PRINT IN INK AND COMPLETE ALL SECTIONS.

- Please complete all parts of this application form.
- Your **Social Insurance Number is essential**; please be sure it is shown correctly.
- GED Testing Office should be notified immediately of any change of address.
- Give name in full.
- Tests must be written on dates at times scheduled. No re-scheduling is permitted.
- A registration fee of **sixty-five** (\$65.00) dollars must be submitted with the application form. This fee is **NOT** refundable. Cheque and money orders are to be made payable to the **Minister of Finance**. **Post-dated cheques are not accepted.**

SOCIAL INSURANCE NO _____	TEST MONTH DESIRED _____	
MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> SURNAME _____	GIVEN NAME(S) _____	
MAILING ADDRESS _____		
CITY OR TOWN AND PROVINCE _____		
POSTAL CODE _____	HOME PHONE _____	
BUSINESS PHONE _____	<div style="text-align: center;"><b>FOR OFFICE USE ONLY</b></div> (Do not write in this box)  DATE RECEIVED _____  FEES ENCLOSED _____  Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Money Order <input type="checkbox"/> CC Auth # _____	
DATE OF BIRTH Month _____ Day _____ Year _____		*LAST REGULAR SCHOOL GRADE COMPLETED _____
*DO NOT INCLUDE ADULT EDUCATION		YEAR COMPLETED _____

**IMPORTANT – FOR THOSE WHO HAVE WRITTEN GED PREVIOUSLY**  
Candidates who fail to secure a grade equivalency standing may rewrite one or more of the following tests. If this applies to you, please circle the number(s) of the test(s) you wish to write. Rewrites may have to wait until a suitable test form is available.

- |                              |        |
|------------------------------|--------|
| LANGUAGE ARTS, READING ..... | TEST 1 |
| LANGUAGE ARTS, WRITING ..... | TEST 2 |
| MATHEMATICS .....            | TEST 3 |
| SCIENCE .....                | TEST 4 |
| SOCIAL STUDIES .....         | TEST 5 |

FORM	DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The registration fee of \$65.00 applies for writing one or more of the tests.

**PLEASE REFER TO THE ATTACHED TESTING SCHEDULE AND INDICATE YOUR DESIRED TESTING DATE AND LOCATION IN THE SPACE PROVIDED BELOW.**

DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

ALTERNATE DATE(S) \_\_\_\_\_

LOCATION(S) \_\_\_\_\_

**PLEASE NOTE:**

- Applications **must** be received by our office three weeks in advance of desired testing date.
- Testing sites are limited in the number of candidates who are able to write at one sitting. Therefore, applicants are encouraged to supply an alternate testing date and location.
- Applicants will automatically be registered in alternate testing choice if first choice is no longer available. Applicants who do not indicate a second choice will automatically be registered in the next available sitting.

**CREDIT CARD PURCHASE**

VISA     MASTERCARD     EXPIRY DATE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Cardholder Name & Address (please print) \_\_\_\_\_

**PLEASE NOTE:**

**All applicants must be at least 19 years of age.**

Upon arrival at the testing site you will be asked to produce the following **TWO** pieces of identification:

- One which **must** serve as proof of age.
- One of which **must** be a photo ID, government issued (national or foreign)
  - It **must** include address and signature (i.e. drivers' license, passport)

\* If you are unable to produce the required identification you must contact the GED Testing Office.

Allow 4 - 6 weeks for test results.

I do solemnly declare that the information I have supplied in this application form is true to the best of my knowledge.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

PLEASE COMPLETE AND SEND IN THIS FORM TO:  
**Adult Learning and Literacy—GED TESTING**  
Room 362, 340-9th Street, Brandon, MB, R7A 6C2

**NOTE: MAKE CHEQUES PAYABLE TO THE MINISTER OF FINANCE. POSTDATED CHEQUES ARE NOT ACCEPTED.**  
Fees are subject to change without notice.