

INTENT TO TEST FORM

INDIANA ASSOCIATION OF SPIRITUALISTS
CHESTERFIELD SPIRITUALIST COLLEGE
50 Lincoln Drive, Chesterfield, IN 46017

Having completed all of the academic and additional requirements for the program level of _____, I am submitting my intent to test during the weekend/week-long seminary of _____, 20____, or during the month of _____, 20____.

I understand that I must complete the testing application and pay the testing fee at walk-in registration for the above-mentioned weekend/week-long seminary or prior to the administration of my test.

Name: _____ Date: _____

Approved by: _____ Date: _____