



**ACT Review Class  
Registration Form**

Name: \_\_\_\_\_ High School \_\_\_\_\_

Year in School:  Senior  Junior  Sophomore  Freshman

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

\*To which undergraduate schools are you applying? \_\_\_\_\_

How did you hear about our Review Class? \_\_\_\_\_

Have you taken the ACT before?  Yes  No

Cost for the course is **\$250**  
**Checks take up to 2 weeks to process.**

Make check payable to Roosevelt University or charge to:

( ) Visa ( ) Mastercard ( ) Discover

Cardholder's Name \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Total Paid \_\_\_\_\_ Signature \_\_\_\_\_

Please check if you need a receipt.

**Refunds will not be issued after the start of the class.**

**Fax registrations to (847) 619-7294 or mail to:**

**Roosevelt University**  
ACT - Room 130  
1400 N. Roosevelt Blvd.  
Schaumburg, IL 60173

For Office Use Only: **Received:** \_\_\_\_\_  
**Deposit into Account #:** \_\_\_\_\_

**\*Note:** If you are applying to an undergraduate program at Roosevelt University, please contact the Admission Office for guidelines on admission polices at 1-877-APPLY-RU