



Order Form

Please order at least 30 days prior to your exam date.

This will allow us time to process your order and make sure we have enough booklets printed.

Current price \$40/student

Please fax this form to:
336-482-2852

CCE will confirm receipt of your order by fax within 5 business days. If you do not receive confirmation of your order within five business days, please contact Deena Perdicho at 336-482-2856.

Do not order booklets in excess. CCE automatically sends extra booklets.	Number of booklets needed:
You will receive your materials 4-5 business days prior to your exam date.	Date administration of exam is scheduled:

What is your time zone? _____ Will the exam be administered at a satellite campus location? Yes or No

How will the CPCE be used? (Circle answers) 1) to exit program-students must pass in order to graduate 2) study tool for the NCE 3) evaluation of study entering a program 4) other (please explain) _____

After completion of the norming period, CCE automatically sends all participating schools National Statistics each spring and fall. Do you need to receive National Statistics with your School's results in order to establish a cut-score? Yes or No

Below is the information we have on file for your school. If any information is missing, incorrect or has changed, please update the information on this form. Materials will be shipped to the primary contact person listed below. List a physical address. Exam materials are shipped via Federal Express and must be signed for. There will be no deliveries to a Post Office Box.

Contact information	Please mark changes in this column
Name:	
Title:	
Department:	
School:	
Address:	
City/State/Zip	
Daytime Phone:	
Fax:	
E-mail:	
Dept. Chair:	
<i>Secondary contact - You may list a second authorized person in your dept. to request information, etc.</i>	
Name:	
Title:	
Telephone:	
E-mail:	

Signature of CPCE contact person listed above: _____ **X** **X**
Signature Required *Date*

Are you a faculty member at your School? Yes ___ No ___

If no, then the Department Chair or Program Coordinator's signature is required here: _____ **X** **X**
Signature Required *Date*

