

# CPAT PAYMENT FORM

**Print and fill out this form and send it to:**

Hutchinson Community College

Business Office

1300 N. Plum St.

Hutchinson, Kansas 67501

**Applicant Name (Please Print Legibly)**

First: \_\_\_\_\_

Last: \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

Social Security # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

CPAT Test Date \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_

CPAT \$85 \_\_\_\_\_ Written \$40 \_\_\_\_\_