



INDEPENDENT LEARNING CENTRE
CENTRE D'ÉTUDES INDÉPENDANTES

General Educational Development (GED) Tests Application



General Educational Development
2180 Yonge Street – 1st Floor
Toronto, ON M4T 2T1
Telephone: (416) 484-2737 1-800-573-7022
email: ged@tvo.org

IMPORTANT
To write a GED Test you must
• be at least 18 years of age
• have been out of school for at least one full year
• not have graduated from high school
• be a resident of Ontario

PLEASE PRINT YOUR PERSONAL INFORMATION CLEARLY IN THE SPACES ON THE FORM.

Last name (as per I.D. submitted): _____ First name: _____ Middle name: _____

Last name at birth: _____ email address (REQUIRED): _____

Apt. number: _____ Mailing address (building number and street name): _____ City: _____ Province: **Ontario**

Postal code: _____ Telephone number: _____ Daytime telephone number: _____ Ext.: _____

Date of birth: Month _____ Day _____ Year _____ Age: _____ Last grade completed at school: _____ Grade: _____ Year: _____ Month: _____ Sex: Female Male

I am applying: To write the five tests for the first time
 To rewrite the following test(s): 1. Language Arts, Writing 4. Social Studies
 2. Language Arts, Reading 5. Science
 3. Mathematics

For ILC use only

*You must rewrite any test where your standard score is less than 450. A rewrite is allowed with no waiting period if the score is 400 or more. If the score is 390 or less, you cannot rewrite for 3 months. Use this time to prepare. **Tests may only be written twice in any calendar year.***

FEES

A **non-refundable fee of \$100.00** must accompany your application. The fee can be paid by **certified cheque**, money order, Visa, or Mastercard. An NSF cheque will result in a \$35.00 charge and your test scores will be withheld. Please note that there is a **non-refundable fee of \$100.00** for each attempted **rewrite**.

\$100.00 to be paid by: Visa MasterCard Money order Cheque certified by your bank

Important: Make your certified cheque or money order payable to **TVO – GED**.

Card number : _____ Expiry date (MM/YY): _____

Name of cardholder: _____ Signature of cardholder: **X** _____

Name of paying Centre (if applicable) _____

VERY IMPORTANT – PLEASE READ CAREFULLY

To the best of my knowledge, the information I have given on this application is complete and correct.

Signature _____ Date _____

This information is collected in accordance with the Education Act, Revised Statutes of Ontario, 1980, Chapter 129, Section 8 (q) and Chapter 237. The information will be used for eligibility purposes and for evaluation requirements of the GED certificate. This information may also be used by TVO for statistical purposes. For additional information, please contact the GED Administrator at (416) 484-2737.