

Oklahoma City University
Application for Residual ACT

Student's Name _____

Address _____

Email _____

Phone _____

Test Date Requested _____

Cost for the exam is \$50.00. Please make check payable to Oklahoma City University. Please mail this application and check to the following:

Denise Binkley
Director of Testing
Oklahoma City University
2501 N. Blackwelder Avenue
Oklahoma City, OK 73106-1493

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