CSC INTENT TO TEST FORM

INDIANA ASSOCIATION OF SPIRITUALISTS
CHESTERFIELD SPIRITUALIST COLLEGE
50 Lincoln Drive, Chesterfield, IN 46017

Having completed all academic and practical requirements for _____,
program level of Certification

I am submitting my intent to test during the Weekend or Weeklong session of

_____, 20_____,

or

Online during the month of _____, 20_____.

I understand that I must complete the testing application and pay the testing fee when I submit my Intent to Test.

Student may submit their CSC **Intent to Test** form by emailing it to **campchesterfieldeducation@gmail.com** or by mailing it through the U.S. mail, or by bringing it in person to the Camp Chesterfield Office (9am-1pm M-F).

Please submit your **Intent to Test** form at least a month ahead of when you would like to test.

Thank You.

STUDENT NAME: _____

STUDENT SIGNATURE: _____ Date: _____

Testing Fee received by: _____ Date: _____

Approved by: _____ Date: _____

Test scheduled for (Date): _____ Test Proctored by: _____

(REVISED MARCH 2026)