

STUDENT NUMBER

If the institution assigns you a student number, enter the number here and in item 2 on your answer sheet.

ETS TOEFL ITP Admission Form

TOEFL ITP® Program
PO Box 6156
Princeton, NJ 08541-6156
USA

You are scheduled for testing as follows:

REPORT HERE		TEST DATE _____
		TIME OF TEST _____
		<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2

Complete this form before your test day, using the instructions on page 23 of the *Handbook*. Bring the form with you to the testing site — you will need this information when you take the test.

NAME

Print one letter per box.

Print your LAST NAME, then FIRST NAME, then MIDDLE NAME. Leave a blank box between names.

BIRTH DATE

Month | Day | Year

NATIVE COUNTRY CODE

NATIVE LANGUAGE CODE

You must bring acceptable identification with you to the testing site or you may not be permitted to test. See page 6 of the *Handbook* for more information on identification requirements.

The *institution* will give you your personal copy of your score report. TOEFL ITP test scores are **not** reported to other institutions. If you need TOEFL® scores for admission to universities and colleges where English is the medium of instruction, you must take the official TOEFL test.

STUDENT NUMBER

If the institution assigns you a student number, enter the number here and in item 2 on your answer sheet.

EXAMINATION RECORD FORM

Retain this record for confirmation of signature and address of test taker.

Institution: _____ Test Date: _____

Level 1 Level 2

- In these boxes, print your name exactly as you did above.

Signature: _____
(Write your name as if signing a legal identification document.)

- On the lines below, print your name and the address where you can be reached in the next three weeks.

Complete Name _____

Number and Street Address _____

City _____ Province or State _____ Country _____
(Include ZIP or postal code.)