Registration Form

Personal Information
Name: □ Ms. □ Mr.
Last: ___________________________________________  First: ______________________________  Middle: _____________
Date of Birth (MM/DD/YYYY): ______________________  Email: ____________________________________________

MUST INCLUDE THE FOLLOWING - Student identification number at home institution:
______________________________________________________________________________________________

Address: ______________________________________________________________________________________
City: ___________________________________________ State: _____________________________________________
Country: ________________________________________  Postal Code: ____________________________________
Home Phone: ____________________________________  Work Phone: _______________________________
Language to be tested: ____________________________  Points: _________________________________________

TO BE FILLED IN BY THE NYU SCHOOL OF PROFESSIONAL STUDIES
Course Number: ________________________________________  Semester: ______________________________________

Payment Information
□ I have enclosed a check or money order payable to New York University. Credit cards cannot be used to register
by mail. In order to pay with a credit card, you can request a payment link to a secure site by sending an email to:
sps.foreignlanguages@nyu.edu specifying the language and type of exam.

Institutional Information
Results of the examination should be sent to (complete address essential):††
Name: __________________________________________  Title: ___________________________________________
Email: __________________________________________  Phone: _________________________________________
Institution: ____________________________________________________________________________________
Address: ______________________________________________________________________________________
City: ___________________________________________ State: _____________________________________________
Country: ________________________________________  Postal Code: ____________________________________

If this is an off-site exam, please give the name and the institutional address of the person who has agreed to administer
the exam:
Name: __________________________________________  Title: ___________________________________________
Email: __________________________________________  Phone: _________________________________________
Institution: ____________________________________________________________________________________
Address: ______________________________________________________________________________________
City: ___________________________________________ State: _____________________________________________
Country: ________________________________________  Postal Code: ____________________________________

†† If more than one institution is to receive a report, please copy and use a separate form, and include a $15 payment for each
additional institution listed.

Note: Test results are valid for five years from the test date. Official letters will not be mailed to institutions for tests that are
more than five years old.