

# REGISTRATION FORM

## PERSONAL INFORMATION

Name  Ms.  Mr. \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail \_\_\_\_\_  
Mo. Day Year

Social Security, NYU Student ID Number, or Passport Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Language to be tested \_\_\_\_\_ Points \_\_\_\_\_

### TO BE FILLED IN BY NYU

Course Number \_\_\_\_\_ Semester \_\_\_\_\_

## PAYMENT INFORMATION

Discover®  MasterCard®  Visa®  American Express®

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo. Day Year

*I hereby authorize the use of my credit card:* Security Code \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Name (Print) Cardholder's Signature

## INSTITUTION INFORMATION

Results of the examination should be sent to (complete address essential):\*\*

Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

If this is an off-site exam, please give the name and institutional address of the person who has agreed to administer the exam:

Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

\*\* If more than one institution is to receive a report, please use a separate sheet 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.