REGISTRATION FORM

PERSONAL INFORMATION

Name  [Ms.  Mr.  ]  Last  First  Middle

Date of Birth  _/__/  E-mail

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

☐ I have enclosed a check or money order payable to New York University.
Credit cards cannot be used to register by mail.

INSTITUTIONAL 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 the 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 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.