



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.

