



REGISTRATION FORM

To be filled out by the test center and returned
with completed test papers to:

English Language Institute, ECCE Testing Program
University of Michigan
500 East Washington Street
Ann Arbor, MICHIGAN 48104-2028 U.S.A.

Application Date: _____
Month / Day / Year

REGISTRATION NO.
Center No. Personal Registration No.

PART I

Print examinee's name **exactly** as it should appear on the certificate.
The examinee's name must be confirmed by official identification. Use all capital letters:

Given/First Name _____ Middle Name(s) _____ Family/Last/Surname(s) _____

ADDRESS: _____
Street and Number

City _____ Country _____ Telephone _____

SEX: Male Female BIRTHDATE: _____
Month / Day / Year

NATIVE LANGUAGE: _____ OCCUPATION: _____

What is your main purpose for obtaining this certificate?
(check the one most important to you)

personal achievement enhance my resume
further education meet English requirements for a
obtain employment course/career
improve current employment other: _____

I certify that the name typed above is correct in all respects and exactly as I wish it to appear on the certificate. I understand that this examination contains copyrighted materials and I promise not to reproduce, distribute, or reveal its contents. I further promise that I will neither give nor receive aid during the examination.

I give my permission to ELI-UM to use my test papers and to record my speaking test for quality control, research, and training purposes. I understand that my name will not be revealed.

Signature of Examinee: _____

Signature of Examinee: _____

PART 2— THIS PART TO BE COMPLETED BY ORAL EXAMINER

SCORE (check one):

<input type="checkbox"/>	A	HIGHLY COMPETENT SPEAKER Exceeds Standard
<input type="checkbox"/>	B	VERY COMPETENT SPEAKER Exceeds Standard
<input type="checkbox"/>	C	COMPETENT SPEAKER Meets Standard
<input type="checkbox"/>	D	MARGINALLY COMPETENT SPEAKER Below Standard
<input type="checkbox"/>	E	NOT COMPETENT SPEAKER Below Standard

COMMENTS ON TEST PERFORMANCE (required for all examinees):
(Overall Communicative Effectiveness, Language Control and/or Delivery)

NAME OF ORAL EXAMINER CONDUCTING TEST AND RATING EXAMINEE: _____ ORAL EXAMINER CODE: _____

NAME OF 2nd ORAL EXAMINER AT THE TEST: _____ ORAL EXAMINER CODE: _____

DATE OF SPEAKING TEST: _____
Month / Day / Year

PROMPT USED: (indicate form used)

EXAMINATION CENTER: _____
Institution City Country