



REGISTRATION FORM

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

English Language Institute, ECPE 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: _____

<p>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.</p> <p>Signature of Examinee: _____</p>	<p>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.</p> <p>Signature of Examinee: _____</p>
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PART 2—THIS PART TO BE COMPLETED BY ORAL EXAMINERS

			A	B	C	D	E
Examiner 1: _____	Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rating:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examiner 2: _____	Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rating:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Final Grade: A B C D E

COMMENTS ON SALIENT FEATURES (required):
DISCOURSE AND INTERACTION: Development, Functional Range, Listening Comprehension
LINGUISTIC RESOURCES: Range and Accuracy of Grammar and Vocabulary
DELIVERY AND INTELLIGIBILITY: Fluency, Articulation, Prosody

DATE OF OF SPEAKING TEST: _____
Month / Day / Year

EXAMINATION CENTER: _____
Institution City Country