

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 add	
	Title: Executive Assistant Dean, College of LAS
	Phone: <u>217-244-6877</u>
Institution: University of Illinois at Urbana-Champaign Address: LAS Student Academic Affairs Office, 2002 Lincoln Hall, 702 South Wright St.	
	_
	State: IL
Country: USA	Postal Code: 61801
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: Melissa Minarik	Title: Coordinator of Proctoring and Individual Testing
Email: <u>mminarik@illinois.edu</u>	Phone: <u>217-333-3706 ext. 3706</u>
Institution: University of Illinois at Urbana-Champaign	
Address: <u>Illini Plaza, 1819 South Neil St., Suite B</u>	
City: Champaign	State: IL
Country: USA	Postal Code: 61820

†† 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.