

# International Test Registration Form

Applicant Information		
Name:		
Date of birth:	Phone:	Nationality:
E-mail:		
Current address:		
City:	Country:	ZIP Code:
ID/ Passport No.:		
Preferred date of test:		
Education Detail		
Latest/ Current Institution		
Apply for (institution name)		
Programme:	Intake:	
I hereby verify that the information I have provided above is correct and I have read and fully understood all remarks in the Receipt and will follow all the instructions stated.		
Signature of applicant:		Date:

Receipt		
Name:		
E-mail:	Phone:	
Test Date:	Registration Date:	
Received by:		
Signature of Officer:		Date:

Remark:

- On test day, **registration period 11.30 – 11.50hrs**, you must bring **ORIGINAL VALID** identification (passport or ID card) which you use for registration.
- No refund will be made to any candidate unless we have minimum of five weeks' notice of postponement or cancellation prior the test date.
- Your test result will be available one week after the test.