CanTEST

University of Saskatchewan
Language Centre

❑ Reading, Listening, & Writing—$100
❑ Speaking Test—$80
❑ Official Score report—$10

I wish to take the CanTEST in 2012 on:
❑ February 18 ❑ May 19 ❑ August 18 ❑ November 17

Speaking Tests are generally done before the above dates and are confirmed by the coordinator once registration and payment are received. Speaking Tests are not required for the University of Saskatchewan.

❑ Male ❑ Female Date of Birth:_____/_____/_____
DD MM YYYY

Family Name: _____ First Name: _____

Address: _____
Street/box number

_____
City/Province/Country Postal Code

Phone (home): _____Phone (work): _____

Email: _____

Passport Number OR Photo ID #:_____

You must submit a copy of your passport page with your photo on it or other photo identification (ID) at the time of registration.

First Language: _____Place of Origin: _____

Have you ever taken the CanTEST? ❑ No ❑ Yes (If yes, date of test: _____)

Reason for taking the Speaking Test, if requesting it: _____

I request that an official score be sent to: (*Please note that official score reports are not issued to candidates*)

❑ University of Saskatchewan: Graduate Studies
❑ University of Saskatchewan: Undergraduate Programs Admission
❑ Other Institution—*You must provide complete mailing address: ($10 charge for each institution, other than U of S)*

Institution: _____
Address: _____
_____
Attention: _____

Return this form to:

University of Saskatchewan Language Centre, Centre for Continuing & Distance Education
232-221 Cumberland Avenue North Saskatoon, SK Canada S7N 1M3
Phone: 306.966.4351 • Fax: 306.966.4356 • Website: ccde.usask.ca/cantest

FOR OFFICE USE ONLY

Registration Accepted by: _____ Date:_____

Please fill out the necessary information below if mailing or faxing the form to the U of S Language Centre

Method of Payment: ❑ VISA ❑ MasterCard ❑ Cash/Debit ❑ Certified Cheque ❑ Money Order

Credit Card Number: _____Expiry Date: _____/_____
MM YYYY

CVD/CSC # _____
Card Verification Data/Card Security Code: the three-or four-number security code on your card.

Signature Authorizing Payment: _____

Name of Cardholder (please print): _____