REGISTRATION FORM for INDIVIDUAL CANDIDATES FOR the MSU – CELP on December 4th, 2010

SELECT TEST CENTER (Check ☑ one)

☐ ALEXANDROUPOLIS ☐ IOANNINA ☐ KASTORIA ☐ KATERINI ☐ KAVALA ☐ KILKIS ☐ KOMOTINI ☐ KOZANI
☐ LARISSA ☐ SERRES ☐ THESSALONIKI ☐ VERIA ☐ VOLOS

Please indicate which bank you have made payment to: ☐ ALPHA BANK ☐ ETHINIKI ☐ MARFIN

Transaction number shown on the deposit slip: _____

Name which is shown on the deposit slip: _____

Candidate's details: *(Please print in English your name/s in capital letters as it appears on your ID or passport)*

LAST NAME/S: _____

FIRST NAME/S: _____

FATHER'S NAME: _____

GENDER: ☐ Male ☐ Female

DATE OF BIRTH: _____ /_____ / _____
DD MM YYYY

ID OR PASSPORT NUMBER: _____

HOME ADDRESS: _____

POSTAL CODE: _____

TOWN / CITY: _____

PHONE NUMBERS: Home: _____ Mobile: _____

CANDIDATE'S EMAIL ADDRESS: _____

NATIVE LANGUAGE: _____

DISCLAIMER: (Must be completed by candidates over 18 years of age, or in the case of those below 18, by a parent or guardian)

Before you submit the above registration form, please read the following statement and indicate by signing in the space provided below that you agree to the conditions set out in it.

I confirm that all the information provided on this application form is correct to the best of my knowledge. If the Language & Testing Office at Anatolia College detects errors of any kind on the application, they are permitted to correct them and notify me in due course. I also understand that all sections of the examination will be administered only at the times scheduled by that office and that requests for changes to the scheduled times will not be considered under any circumstances. Furthermore, it is understood that it is the candidate's responsibility to report at the scheduled times for all sections of the examination even if adverse circumstances such as bad weather, transportation difficulties, or illness arise.

Signature of (candidate / parent / guardian): _____ Full name: _____
Please underline one.
ID Number: _____ Date: _____

AUTHORIZATION (May be completed by candidates over 18 years of age, or in the case of those below 18, by a parent or guardian)

I give permission for details of my / the candidate's performance on the examination to be used, and for my / the candidate's speaking test to be recorded for research or training purposes without my / his or her identity being revealed. ☐ YES ☐ NO

Signature of (candidate / parent / guardian): _____ Full name: _____
Please underline one.
ID Number: _____ Date: _____