

REGISTRATION FORM for SCHOOL CANDIDATES for the MSU – CELP on December 4, 2010

SELECT TEST CENTER (Check one)

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

Name of school: _____ Name of Director: _____ School code: _____

Address of school: _____ Postal code: _____ Email: _____

Phone numbers: School: _____ Mobile: _____ Fax: _____

Payment of fees made to (Check) ALPHA BANK ETHINIKI MARFIN Name & number shown on the deposit slip: _____

CANDIDATES' DETAILS (Please print candidate's names clearly in English in capital letters as they appear on their IDs or passports)

	Last name/s	First name/s	Father's name	Gender (M/F)	Date of birth MM/DD/YYYY	ID/Passport number	Native language	Candidate agrees to having his/her speaking test recorded. Yes / No	FOR OFFICE USE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

DISCLAIMER (Must be completed by School Director)

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. I further undertake to inform each candidate of his/her exam venue and times.

Signature of School Director: _____ Full name: _____ ID Number: _____ Date: _____

AUTHORIZATION (To be completed by the School Director after approval has been obtained from candidates over 18 years of age, or in the case of those below 18, from a parent or guardian)

I have been given permission by all the candidates' shown above for their performances on the examination to be used and for their speaking tests to be recorded for research or training purposes, without their identities being revealed. YES NO. I have also been authorized to receive the results, certificates and/or score reports of all my candidates and to distribute them in a timely fashion.

Signature of School Director: _____