



Registration Form

Foreign Language Proficiency Exam

Today's Date: _____

Name Ms. _____
Mr. _____
Last First Middle

Date of Birth _____ E-mail _____
Month Day Year

Social Security, NYU Student ID Number, or Passport No. _____

Address _____

City State Country Postal Code

Phone (____) _____ (____) _____
Home Work

Language to be tested _____ Points _____

Course # (To be filled in by NYU) _____

Semester (To be filled in by NYU) _____

I hereby authorize use of my credit card

Signature _____

Discover MasterCard Visa American Express

No. _____

Expires _____

Results of the examination should be sent to (complete address essential): *

Name _____

Title _____ Telephone (____) _____

Institution _____

Address _____

City State County Postal Code

If this is an off-site exam, please give the name and institutional address of the person who has agreed to administer the exam:

Name _____

Title _____ Telephone (____) _____

Institution _____

Address _____

City State County Postal Code

***Note:** If more than one institution is to receive a report, please use a separate sheet and include a \$15 payment (*check or money order only*) for each additional institution listed.