

TOEFL ITP Registration Form

University of Arkansas Testing Services

Examinee Information

Last (Family/Surname) Name:

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First (Given) Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name:

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Phone:

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E-Mail Address:

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Mailing Address Line 1 (Street Address):

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City: State: Zip Code:

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University of Arkansas ID Number:

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SCORE REPORTS: Scores from the Institutional Testing Program will **NOT** be reported to other institutions. If you need TOEFL scores for admission to other universities and colleges, you must take the iBT TOEFL.

You may also choose to have your scores sent to the following offices on campus:

Spring International

Yes	No

International Admissions

Yes	No

Acknowledgement

- I understand that the Institutional TOEFL is only valid on this campus and my score will not be forwarded to other institutions.
- I understand that the registration fee for the Institutional TOEFL is not eligible for a refund under any circumstance.
- I understand that my PASSPORT is the only acceptable form of ID.

(Write your name as if signing a legal identification document)

TOEFL ITP ADMISSION TICKET

(479) 575-3948 — <http://test.uark.edu> — testsvc@uark.edu

Registration Information

Please report to 1435 W. Walton Street, 1 University of Arkansas
Fayetteville, Arkansas 72701 at the date and time assigned.
Your PASSPORT is the only acceptable form of ID.

Last (Family/Surname) Name:

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First (Given) Name:

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Middle Name:

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Birth Date Native Country Code: Native Language Code:

Month	Day	Year																	

The "Native Country Code" and "Native Language Code" are found on page 23 of the Examinee Handbook attached to this form.

LEAVE BLANK (FOR OFFICE USE)

Test Date

				2	0		
Month	Day	Year					

AM
PM

REPORTING TIME

A combined fee* of \$_____ was paid by the examinee and received by our office on:
_____/_____/_____

RECEIVED BY (Staff Signature)

*combined fee includes the \$60.00 registration fee plus any additional late fees.