



REGISTRATION FORM

Please type your information. If you must fill in by hand, please use block letters.



1

Student Information

Name

Last name

First name

Middle name

Gender Male Female

Date of birth (Month/day/year) Country of Birth Province of Birth

Phone Email

Current Address

Passport/ID Country Issuing

Highest Level of Education Present School/Job



2

Testing Information

School(s) applying to (if not applying to any school, write "None")

iTEP Test (Academic, Academic Plus,)

Requested testing time (For example: 15:00 on May 20, 2016)

Signature of Applicant

Date