2015-16 TOEFL iBT REGISTRATION FORM

Register online at www.ets.org/toefl. It’s fast and easy!

This form can be downloaded at www.ets.org/toefl.

If paying by electronic check (e-check), DO NOT complete this form. Register online at www.ets.org/toefl, call 1-443-751-4862 or 1-800-GO-TOEFL (within the United States, U.S. Territories*, or Canada), or call the Regional Registration Center (RRC) that services the country where you plan to test. See www.ets.org/toefl/ibt/contact for more information.

Completing this form and submitting payment will register you for the TOEFL iBT test. All information requested must be complete or your form will be returned. This form must be received at ETS at least four weeks before your earliest test date choice.

**Note:** Be sure to complete all four pages and, if necessary, staple the completed form before mailing.

- Print all information clearly. Be sure to enter your name exactly as it is shown on your primary identification document.

- Use black or blue ink.

- If you are testing outside the United States, U.S. Territories*, and Canada, mail the completed form and payment to the RRC that services the country where you plan to test.

* American Samoa, Guam, Puerto Rico, and U.S. Virgin Islands

- If testing in the United States, U.S. Territories*, and Canada, mail the completed registration form and payment to:

  ETS-TOEFL iBT Registration Office
  PO Box 6151
  Princeton, NJ 08541-6151 USA

- Test takers requesting testing accommodations: You must complete and submit this form to ETS Disability Services. To get further information about requesting testing accommodations, use one of the communication methods listed on page 5 of this Bulletin or go to www.ets.org/disability.

If you have previously taken an ETS iBT-delivered test, please indicate your name, test date, date of birth, and registration number below.

Name: ______________________________________  Test Date: ______________

Date of Birth: __________________________  Registration Number: __________________________

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2015-16  TOEFL iBT® Registration Form (continued)
All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (*).

* Last (Family/Surname) Name (as on photo ID):

* First (Given) Name (as on photo ID):

Middle Name or Middle Initial (as on photo ID):

* Address Line 1:

Address Line 2:

Address Line 3:

Address Line 4:

* City:

* State or Province:  * Code for Country of Citizenship (refer to Bulletin):

* Country Code for this Mailing Address (refer to Bulletin):

Gender:

Male  Female

* Date of Birth:  Day

* ZIP or Postal Code:

* Native Country Code (refer to Bulletin):

* Native Language Code (refer to Bulletin):

Identification Document to be presented on test day: ________________________________

Number on Identification Document:

Country Listed on Identification Document:

* Primary Phone Number (include area code, country code, or city code):

Secondary Phone Number (include area code, country code, or city code):

* Email Address:

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TEST LOCATION
Choose two test locations in order of preference. Print the city name and country name for each choice. For locations and city codes, see the Test Center and Institution Code list in the Test Takers section of the TOEFL website at www.ets.org/toefl.

* First Choice City Code:
  City Name: 
  Country Name: 

* Second Choice City Code:
  City Name: 
  Country Name: 

TEST DATE
Specify five test dates in order of preference. For testing dates, see the Test Takers section of the TOEFL website at www.ets.org/toefl. Please note that testing start times vary. This form must be received at ETS at least four weeks before your earliest test date choice.

MM: Month of the Year  DD: Day of the Month  YY: Year

* First Choice:  Third Choice:  Fifth Choice: 
  MM  DD  YY  MM  DD  YY  MM  DD  YY

Second Choice:  Fourth Choice: 
  MM  DD  YY  MM  DD  YY

If your requested test date(s) cannot be accommodated, you will be scheduled for the next available test date unless you check the box below.

☐ Do not reschedule me, please return my payment.

OFFICIAL SCORE REPORT RECIPIENTS
Using the Test Center and Institution Code list on the TOEFL website at www.ets.org/toefl, indicate where you would like your official score reports sent. The Department Code list is also in the Bulletin. Enter a department code only if you are applying for graduate study. If you are not applying for graduate study, you must fill in 00 as the department code for each institution or agency you list.

1. Score Report Recipient:  Institution  Department  
2. Score Report Recipient:  Institution  Department  
3. Score Report Recipient:  Institution  Department  
4. Score Report Recipient:  Institution  Department  

TEST FEES
The TOEFL iBT test fee varies by country. To find out what the fee is for your testing location, go to the TOEFL website, select “Register for the Test,” and choose your test location. Information about payment policies is in the Bulletin. Fees are subject to change without notice.

TOEFL iBT test fee ...........................................................................................................................................$ 

Add Value-Added or similar taxes where applicable .................................................................$ 

TOTAL AMOUNT DUE (DO NOT SEND CASH) ...........................................................................................................................................$ 

PAYMENT (Information about payment policies is in the Bulletin.)
Payment type: (check one)  □ Credit/Debit Card*   □ Check   □ Euro Check   □ Money Order
If paying by credit/debit card, indicate which card you are using, and enter your card number, expiration date, and the cardholder's name in the spaces below. Your card will be billed for all services you request on this form. Any debit/check card branded with one of the five accepted credit card logos can be used.
SEND IT TO ETS-TOEFL, PO BOX 6151, PRINCETON NJ 08541-6151, USA.

□ American Express®   □ Discover®   □ JCB®   □ MasterCard®   □ VISA®
Credit/Debit Card Number

Expiry Date

Name on Credit/Debit Card

For all checks drawn on a U.S. bank, be aware that you are authorizing ETS at its discretion to use the information on your check to make a one-time electronic debit from your account for the amount of your check; no additional amount will be added. If you do not have sufficient funds in your account, an additional service fee of US$20 will be added to your account. All outstanding balances incurred from prior ETS tests or services must be paid in full in order to register for any future ETS test or service.

Please write, DO NOT PRINT, the following statement and sign your name.
I hereby agree to the conditions set forth in the 2015-16 Information and Registration Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test and whose name and address appear on this form.

Signature: _____________________________ Date: ___________________________