Institutional Test of Spoken English (SPEAK) Referral Form

TO:	The Intensive English Language Center (Box 122)	
FROM:	Dr. Huzefa Kagdi (Box 83)	
Please adm	ninister the Institutional Test of Spoken English (SPEAK) to:	
Nar	me:	
	Last Name	First Name
WS	U ID Number:	
Send the re	esults to: <u>Electrical Engineering & Computer Science</u>	83 Box Number
The \$75.00) test fee will be paid by:	DOX NUMBER
[] this d	lepartment	
	Department	Account Number
[X] the s	tudent (The test fee is due when the student registers for the	test in the Garvey International Center)
Dr. Hu	zefa Kagdi, Graduate Coordinator_	
Name and	Title of Person Authorizing this Test	
	Signature	Date

Note:

- If the applicant has previously taken the test there is a 60-day waiting period before a re-test can be given.
- This online form may be used ONLY by students of the Department of Electrical Engineering & Computer Science. Use of this form by students of other departments is not permitted.