

# Institutional Test of Spoken English (SPEAK) Referral Form

TO: The Intensive English Language Center (Box 122)

FROM:

Please administer to Institutional Test of Spoken English (SPEAK) to:

Name: \_\_\_\_\_  
Last Name First Name

WSU ID Number: \_\_\_\_\_

Send the results to: \_\_\_\_\_  
Department Box Number

The \$75.00 test fee will be paid by:

This department \_\_\_\_\_  
Department Account Number

The student (The test fee is due when the student registers for the test in the Garvey International Center)

\_\_\_\_\_  
Name and Title of Person Authorizing this Test

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please be advised that if the applicant has previously taken the test there is a 60-day waiting period before a re-test can be given.