



1. NAME: Print your name as you entered it in the first 21 boxes on your admission form. Using one box for each letter, first print your family name (surname), then your first (given) name, and then your middle name. Leave one box blank between names. Then, below each box, use a No. 2 (H.B.) pencil and fill in the circle containing the same letter.

2. STUDENT NUMBER (if assigned)
Start here

3. DATE OF BIRTH
MO. DAY YEAR

4. NATIVE COUNTRY
CODE

5. NATIVE LANGUAGE
CODE

A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

6. SEX

MALE

FEMALE

7. LEVEL 2 (PRE-TOEFL)

LEVEL 1 (TOEFL-ITP)

8. PLACE OF TESTING

NAME OF SCHOOL/INSTITUTION

9. BACKGROUND QUESTIONNAIRE RESPONSES

	1	2	3	4
A	A	A	A	A
B	B	B	B	B
C	C	C	C	C
D	D	D	D	D
E	E	E	E	E
F	F	F	F	F
G	G	G	G	G

10. SIGNATURE AND DATE: Please copy the following statement in the space provided below; use handwriting.

"I hereby affirm that I am the person whose name is given on this answer sheet."

Also sign your name on the line provided, and enter today's date (in numbers).

DATE: MO. DAY YEAR

SIGNED: (WRITE YOUR NAME AS IF SIGNING A BUSINESS LETTER.)

TEST BOOK NUMBER

TEST FORM

Be sure to fill in completely the circle that corresponds to your answer choice. Completely erase errors or stray marks. You may find more answer spaces than you need. If so, leave them blank.

EXAMPLE

CORRECT	INCORRECT	INCORRECT	INCORRECT	INCORRECT
A B C D	A B C D	A B C D	A B C D	A B C D

SECTION 1

SECTION 2

SECTION 3

1 A B C D	21 A B C D	41 A B C D	1 A B C D	21 A B C D	41 A B C D	1 A B C D	21 A B C D	41 A B C D
2 A B C D	22 A B C D	42 A B C D	2 A B C D	22 A B C D	42 A B C D	2 A B C D	22 A B C D	42 A B C D
3 A B C D	23 A B C D	43 A B C D	3 A B C D	23 A B C D	43 A B C D	3 A B C D	23 A B C D	43 A B C D
4 A B C D	24 A B C D	44 A B C D	4 A B C D	24 A B C D	44 A B C D	4 A B C D	24 A B C D	44 A B C D
5 A B C D	25 A B C D	45 A B C D	5 A B C D	25 A B C D	45 A B C D	5 A B C D	25 A B C D	45 A B C D
6 A B C D	26 A B C D	46 A B C D	6 A B C D	26 A B C D	46 A B C D	6 A B C D	26 A B C D	46 A B C D
7 A B C D	27 A B C D	47 A B C D	7 A B C D	27 A B C D	47 A B C D	7 A B C D	27 A B C D	47 A B C D
8 A B C D	28 A B C D	48 A B C D	8 A B C D	28 A B C D	48 A B C D	8 A B C D	28 A B C D	48 A B C D
9 A B C D	29 A B C D	49 A B C D	9 A B C D	29 A B C D	49 A B C D	9 A B C D	29 A B C D	49 A B C D
10 A B C D	30 A B C D	50 A B C D	10 A B C D	30 A B C D		10 A B C D	30 A B C D	50 A B C D
11 A B C D	31 A B C D		11 A B C D	31 A B C D		11 A B C D	31 A B C D	
12 A B C D	32 A B C D		12 A B C D	32 A B C D		12 A B C D	32 A B C D	
13 A B C D	33 A B C D		13 A B C D	33 A B C D		13 A B C D	33 A B C D	
14 A B C D	34 A B C D		14 A B C D	34 A B C D		14 A B C D	34 A B C D	
15 A B C D	35 A B C D		15 A B C D	35 A B C D		15 A B C D	35 A B C D	
16 A B C D	36 A B C D		16 A B C D	36 A B C D		16 A B C D	36 A B C D	
17 A B C D	37 A B C D		17 A B C D	37 A B C D		17 A B C D	37 A B C D	
18 A B C D	38 A B C D		18 A B C D	38 A B C D		18 A B C D	38 A B C D	
19 A B C D	39 A B C D		19 A B C D	39 A B C D		19 A B C D	39 A B C D	
20 A B C D	40 A B C D		20 A B C D	40 A B C D		20 A B C D	40 A B C D	

TCS

3R

2R

1R

3CS

2CS

1CS

TOEFL ITP Background Questionnaire

1. Before today, how many times have you taken a TOEFL ITP test?

- a. None
- b. One
- c. Two or more

Note: There is no option D for this question.

2. Reason for taking a TOEFL ITP test

- a. To demonstrate my proficiency in English for placement in an English language program
- b. To demonstrate my proficiency in English upon completing a program in English as a foreign language
- c. To enter a short-term, non-degree program in an English-speaking country
- d. To enter a degree program in a non-English speaking country where English is not the dominant medium of instruction
- e. To enter a collaborative international degree program where English language training will be a feature of the program
- f. To obtain an indication of my English language proficiency for my own information
- g. Scholarship

3. What is your current level of study?

- a. Elementary school
- b. Middle school
- c. High school
- d. 2 year college/community college
- e. 4 year undergraduate college
- f. Graduate/post-graduate college
- g. Other

4. How much time have you spent studying English in a middle/high school or a college/university?

- a. None
- b. Less than 1 year
- c. 1 year or more, but less than 2 years
- d. 2 years or more, but less than 5 years
- e. 5 years or more, but less than 10 years
- f. 10 years or more