

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:

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:	



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): * ZIP or Postal Code: * Country Code for this Mailing Address (refer to Bulletin): * Native Country Code (refer to Bulletin): * Date of Birth: * Native Language Code (refer to Bulletin): Gender: Year Male **Female** Month Day 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:

2015-16 TOEFL iBT® Registration Form	n (continued)	Name:
	the Test Center and Institution Co	e and country name for each choice. de list in the Test Takers section
* First Choice City Code:		
City Name:		
Country Name:		
* Second Choice City Code:		
City Name:		
the TOEFL website at www.ets.comust be received at ETS at least MM: Month of the Year DE * First Choice:	Third Choice:	art times vary. This form
If your requested test date(s) can test date unless you check the bo	not be accommodated, you will be bx below.	scheduled for the next available
Do not reschedule me, plea	se return my payment.	
where you would like your official Enter a department code only if you graduate study, you must fill in 00	tion Code list on the TOEFL website score reports sent. The Departmen ou are applying for graduate study. as the department code for each in	t Code list is also in the <i>Bulletin</i> . If you are not applying for astitution or agency you list.
1. Score Report Recipient: Institutio	3. Score Report F	Institution Department Recipient: Institution Department

4. Score Report Recipient:

2. Score Report Recipient:

2015-16 TOEFL iBT® Registration Form (continued)	Name:
TEST FEES	
The TOEFL iBT test fee varies by country. To find out what select "Register for the Test," and choose your test location. Fees are subject to change without notice.	t the fee is for your testing location, go to the TOEFL website, n. Information about payment policies is in the <i>Bulletin</i> .
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 Bu	lletin.)
Payment type: (check one) Credit/Debit Card*	Check Euro Check Money Order
If paying by credit/debit card, indicate which card you are us cardholder's name in the spaces below. Your card will be bit branded with one of the five accepted credit card logos can SEND IT TO ETS-TOEFL, PO BOX 6151, PRINCETON NJ	lled for all services you request on this form. Any debit/check card be used.
American Express® Discover®	JCB® MasterCard® VISA®
Credit/Debit Card Number	Expiration Date
Name on Credit/Debit Card	Month Year
check to make a one-time electronic debit from your accour added. If you do not have sufficient funds in your account, a	authorizing ETS at its discretion to use the information on your at for the amount of your check; no additional amount will be an additional service fee of US\$20 will be added to your account.
Please write, DO NOT PRINT, the following statement a	nd sign your name.
I hereby agree to the conditions set forth in the 2015-16 Inf those concerning test administration, payment of fees, the I certify that I am the person who will take the test and who	reporting of scores, and the confidentiality of test questions.
Signatura	Date

Thank you for registering to take the TOEFL iBT test. Confirmation of this registration will be sent to your email address. Do NOT send your registration form more than once. This will help avoid extra processing by TOEFL Services and unnecessary charges to you.