



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.

- **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.

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

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: _____



All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (*).

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Male	
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Female	
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Day		
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Year		
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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:	MM □ □	DD □ □	YY □ □	Third Choice:	MM □ □	DD □ □	YY □ □	Fifth Choice:	MM □ □	DD □ □	YY □ □
Second Choice:	MM □ □	DD □ □	YY □ □	Fourth Choice:	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 □ □	3. Score Report Recipient:	Institution □ □ □ □	Department □ □
2. Score Report Recipient:	Institution □ □ □ □	Department □ □	4. Score Report Recipient:	Institution □ □ □ □	Department □ □

