CanTEST Request for Re-evaluation

Family Name: ________________________________

First Name: ________________________________

Date of Birth (year-month-day): ________________________________

E-mail Address: ____________________________________________

Telephone Number: ____________________________________________

Test Date: ____________________________________________

Requests for re-evaluation must be submitted within 20 business days of the test.

Select the skill or skills to be re-evaluated:

☐ Listening  ($45)
☐ Reading  ($45)
☐ Writing  ($70)
☐ Speaking  ($70)

If a score is changed as a result of the re-evaluation, the candidate will receive a refund for the re-evaluation fees.

Language Testing Services is not able to provide feedback regarding the candidate’s performance.

This form and payment (money order made payable to the University of Ottawa) must be returned to:
Language Testing Services
Official Languages and Bilingualism Institute
70 Laurier Avenue East, room 130
Ottawa, ON
K1N 6N5

Date: ____________________ Signature: _________________________________________

For Office Use Only

Amount Received: $__________  Approved by: ____________________________  Date: __________