

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: _____