

CanTEST Request for Transfer of Registration



Family Name: _____

First Name: _____

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

E-mail Address: _____

Telephone Number: _____

Current Test Date: _____

Requested Test Date: _____

Test Option:

- Listening, Reading and Writing (\$60)
- Listening, Reading, Writing and Speaking (\$120)
- Writing Only (\$30)
- Speaking Only (\$60)

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: _____