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: __________