Examination number	* Please do not write in this space.

Application Requirement Confirmation Form

Name					
Date of Birth					
			_	proficiency	testscoresto prove
my English la	nguage profic	ciency, beca	use		
Check an applicab	le box.				ducatiorin English.
I have un	dertaken thre	e years or m	nore ofmy s	econdary ed	ducationn English.
School	Name (Country)	/Region):		((Note 1)
					(11010-1)
Period	of Attendance:	From	/	/	(mm/dd/yy)
		To	/	/	(mm/dd/yy)
New Ze				-	ustralia, Canada, Ireland, additional documentation
I am takin (Note 2)	g or have tak	en the Inter	national Ba	accalaureate	e Diplomain English.
(Note 2)	Dual language D	P not applicabl	e		
			Date:		
			Signature:		