MELAB TESTING REGISTRATION 2010

Sprott-Shaw International Language College
2nd Floor-530 Seymour Street, Vancouver, BC, Canada V6B 3J5
Phone: (604) 647-0115 Fax: (604) 605-1575
E-mail: kristinm@ssilc.com

Last Name: _____ **First Name:** _____

Date of Birth: ____ / ____ / ____ **Phone:** _____
Month Day Year

Address: _____
Street & number City Province Country

Postal Code: _____ **Email:** _____

STEP 1 Choose ONE of the following dates:

❑Jan 23 ❑Feb 20 ❑Mar 20 ❑Apr 24 ❑May 22 ❑June 26 ❑Jul 24 ❑Aug 21 ❑Sept 25 ❑Oct 23 ❑Nov 20

The above tests are available on **Saturdays at 10:00 AM** ONLY

❑ **MELAB Written = $80.00**
Admin Fee of $40.00

We MUST receive your form **12 business days** before the exam. The $120.00 fee is NON-refundable. You can **change** (not cancel) your test date by written request, 10 days BEFORE the exam (for free). There is a **$25.00** fee for late requests.

STEP 2 Do you need RUSH service? ❑ **1 RUSH = $80.00**

Rush service guarantees your score in 10 business days to **ONE** institution. Regular service takes 4-6 weeks. No refunds are given.

STEP 3 Do you need Extra Reports? ❑ **$10 X** _____ **= $** _____

Two official score reports and one personal report are included with your test fee. If you apply to MORE than 2 institutions you will need extra reports.

STEP 4 Do you need a Speaking Test (Oral test)? ❑ **ORAL TEST = $40.00**
Admin Fee of $20.00

We will contact you by phone two weeks before the test to schedule your speaking appointment.

The (oral) speaking test CANNOT be taken by itself. The oral is a one-on-one interview with an examiner. It takes about 15 minutes. Please bring a blank CD for your speaking test.

STEP 5 Do you want a workshop? (Optional) ❑ **WORKSHOP = $397.68**

	Class	Duration	Time	Fees
❑	Tues/Thurs	3 weeks	5:00PM~7:30PM	$397.68

Workshops offer a complete practice exam with a focus on essay writing skills and exam strategies. Please contact MELAB Registrar for dates of workshops @ **604-647-0115** or **kristinm@ssilc.com.**

STEP 6 Please add the total cost of all services: **TOTAL = $** _____

STEP 7 Payment Method (Visa /Master /American Express) *If paying by cash, register in person during office hours: weekdays 10AM~5PM
Card # ___/___/___/___ ___/___/___/___ ___/___/___/___ ___/___/___/___ Expiry Date:___/___
Name of Cardholder: _____ Signature: _____

STEP 8 FAX THIS FORM TO **604-605-1575**

For Office Use Only
Date : _____ *Admin. initial :* _____ *Method :* _____ *Receipt # :*_____