

## REGISTRATION FORM

To be filled out by the test center and returned with completed test papers to:

### Cambridge Michigan Language Assessments

MET Testing Program  
Argus 1 Building  
535 West William St., Suite 310  
Ann Arbor, Michigan 48103-4978 USA

Application Date: \_\_\_\_\_  
Month/Day/Year

REGISTRATION NO.    
Center No. Personal Registration No.

ID/Passport No. \_\_\_\_\_

Print examinee's name **exactly** as it should appear on the certificate.  
The examinee's name must be confirmed by official identification. Use all capital letters:

Given/First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_ Family/Last/Surname(s) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street and Number \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Telephone 1 \_\_\_\_\_ Telephone 2 \_\_\_\_\_

Gender: Male Female BIRTHDATE: \_\_\_\_\_  
Month/Day/Year Email: \_\_\_\_\_

NATIVE LANGUAGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

What is your main purpose for obtaining this score report?  
(check the one most important to you)

- personal achievement
- further education
- obtain employment
- improve current employment
- enhance my resume
- meet English requirements for a course/career
- other: \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_

TEST TIME: \_\_\_\_\_

Who has requested this exam?: \_\_\_\_\_

I certify that the name typed above is correct in all respects and exactly as I wish it to appear on the certificate. I understand that this examination contains copyrighted materials and I promise not to reproduce, distribute, or reveal its contents. I further promise that I will neither give nor receive aid during the examination.

Signature of Examinee: \_\_\_\_\_

I give my permission to the University of Michigan to use my test results for quality control, research, and training purposes. I understand that my name will not be revealed.

Signature of Examinee: \_\_\_\_\_