



# Cambridge Assessment Admissions Testing

## CANDIDATE REGISTRATION FORM

Please carefully complete this application for Admissions Testing  
Registration at Atlanta English Institute (Center UX728)

**FIRST NAME**

**LAST NAME**

**EMAIL**

**PHONE**

**DATE OF BIRTH**

*(Month, day, year)*

*It is important that the candidate's name and DOB match those provided by the candidate in his/her UCAS application and picture ID. On the exam date, the candidate will not be permitted entry to take his/her examination if the name on this form does not match their ID.*

**GENDER**

Male

Female

**MAILING ADDRESS**

Address Line 1

City

State

Postal/ Zip Code

## EMERGENCY CONTACT DETAILS

Name (First, Last)

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Email	Phone Number
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## ACCESS ARRANGEMENTS

*These arrangements available to candidates who have a disability or special requirement, and are entitled to support for exams.*

Please indicate if you require access arrangements.

Yes       No

## UNIVERSITY INFORMATION

UCAS Number: \_\_\_\_\_

*Write your UCAS number (e.g. 101-234-5678) exactly as it is on your UCAS application.*

Name on UCAS Application:

\_\_\_\_\_  
(First, Last)

University Name(s):

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Course Code(s):

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## TEST DATES AND OPTIONS

*Testing time is 9 AM for both exams*

*Please select your test.*

### **Monday, June 14, 2021**

STEP (Sixth Term Examination Paper) paper 2

### **Thursday, June 17, 2021**

STEP (Sixth Term Examination Paper) paper 3

## HOW DID YOU HEAR ABOUT THE ATLANTA TEST LOCATION?

- Cambridge Website
- Atlanta English Institute Internet Search (Google, Bing, etc.)
- Facebook/YouTube/Instagram (social media)
- Friend/Family
- Former Testing Student
- University Overseas Program
- High School Expo or College Fair
- Education Agency/Consultant
- Other

## ATLANTA TESTING CENTRE DETAILS

Atlanta English Institute  
4000 Dekalb Technology Pkwy  
Building 500, Suite 550  
Atlanta, GA 30340

Phone Number: (770) 455-9226  
Email: [info@atlantaenglishinstitute.com](mailto:info@atlantaenglishinstitute.com)

*There is plenty of parking at the testing centre. Please plan to arrive 30 minutes before the test start time.*

**Registration is considered incomplete until payment is made. Please visit our [website](#) to make payment or call our office.**



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## ACCESS ARRANGEMENT FOLLOW-UP FORM

Please indicate which of the following access arrangements are needed for  
(Name of Candidate):

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If what you need is not listed, please check "other" and explain your requests in the  
space provided below.

- 25% extra time
  - Supervised breaks
  - Separate Invigilation
  - Use of color overlays
  - Use of colored paper
  - Use of hearing aids
  - Other:
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- 

Please include supporting documents with this form. Any of the following documents will qualify as  
supporting evidence for your Access Arrangements Request:

- Medical professional document or a document from a qualified specialist teacher
- The document must give a clear outline of the disability, illness, or learning difficulty and how it  
justified the Access Arrangement request
- The document must be on headed paper or with an official stamp and bearing the name or  
signature of the qualified specialist assessor or medical practitioner