

Linguaskill

CANDIDATE REGISTRATION FORM

Please carefully complete this application for Linguaskill 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)

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

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

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.