

The Form of Passing the Language Proficiency Assessment

Application Date : Year/ Month/ Day

Department /Institute		Student ID	
Name		ID or Passport No.	
The Academic Year Started Studying the Education Program	Started from Year _____		
The Category of the Education Program	<input type="checkbox"/> Secondary Education Program <input type="checkbox"/> Primary Education Program		
Tel. No./Cell Phone No.			
Certification	<input type="checkbox"/> GEPT <input type="checkbox"/> FLPT <input type="checkbox"/> CSEPT <input type="checkbox"/> Cambridge Main Suite <input type="checkbox"/> BULATS <input type="checkbox"/> TOEIC <input type="checkbox"/> TOEFL <input type="checkbox"/> IELTS		
Testing Results		Correspond to GEPT _____ Level	
Administrative Unit			
Testing Date		It's ____ Year of the Education Program	
Attachments	1. Application Fee Receipt(Official Receipt) 2. Certificate Copy		
Gift Token Receiving Date		Signature	