Employee Language Assessment Test Request Form for Administrative Staff

Please complete this form and return it to Language Testing Services (<u>L2test@uOttawa.ca</u>).

If you have questions about your language test, please contact Language Testing Services at <u>L2test@uOttawa.ca</u> or 613-562-5800 ext. 3461.

Personal Information		
Family Name:		<u> </u>
First Name:		<u> </u>
Department or Service: _		<u></u>
Email Address:		@uOttawa.ca
Telephone Number: _		<u></u>
Test Information		
Language to be evaluated:	English French	
Components of test required	d:	
☐ Listening Comprehension (approximately 60 minutes)		
☐ Reading Comprehension (60 minutes)		
☐ Written Expression (45 minutes)		
☐ Spoken Expression (approximately 15 minutes)		
Scheduling		
Please provide two dates and times at which you are available for the test. You may choose to complete the test over the course of two days. While Language Testing Services will endeavor to accommodate your request we cannot guarantee that the dates requested will be available. You will receive a confirmation of the date and time of your test within three to five business days. Please note that tests must be scheduled within regular office hours*.		
1st Choice		2 nd Choice
Date:		Date:
Time:		Time:
2 nd Date:		2 nd Date:
(if requested) Time:		(if requested) Time:
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Supervisor Information As your supervisor will be invoiced for the test fees, they must approve your test request.		
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Supervisor's Name:	Supe	ervisor's Email:
I have requested that the employee named above complete a language test and confirm that my department will be responsible for paying the fees associated with the test.		
Supervisor's Signature: Date:		

^{*9:00} am to 12:00 pm and 1:00 pm to 4:30 pm (3:30 pm from June 1st to August 31st.)