Employee Language Assessment Test Request Form for APTPUO Members

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

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

Personal Information							
Family Name:			_				
First Name:			_				
Department or Service:			_				
Email Address:			<u>—</u> .				
Telephone Number:			<u> </u>				
Test Information							
Language to be evaluated:	English	French					
Components of test require	∍d:						
☐ Listening Comprehension	n (approximately 60	minutes)					
☐ Reading Comprehension	(60 minutes)						
☐ Written Expression (45 n	ninutes)						
☐ Spoken Expression (appr	oximately 30 minut	es)					
Scheduling							
Please provide two possible one or two days. You will re Please note that tests must	ceive a confirmatio	n of the date a	nd time of you	•			
1 st Choice			2 nd Choice				
Date:			Date:				
Time:			Time:				
2 nd Date:			2 nd Date:				
(if requested) Time:			(if requested) Time:				
Approval from the Dean							
The dean who requested th	e test will be invoice	ed for the test	fees, therefore	e they must appr	ove the test re	quest.	
Dean's Name:							
I have requested that the paresponsible for paying the f	· ·		omplete a lang	guage test and co	nfirm that my	faculty will be	
Dean's Signature:	ean's Signature: D				Date:		

information will remain completely confidential: it will never be reported in a way that could identify you.

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

By registering for this test, you are implicitly agreeing to the use of your responses, scores, and demographic data for test validation and research purposes, with the goal of improving the test for future test takers. The test research will be reported in internal documents as well as specialist publications and meetings related to language assessment. Your test