



# MELAB MICHIGAN ENGLISH LANGUAGE ASSESSMENT BATTERY

Identification No.   
 [ ]   
 FOR OFFICE USE ONLY

## Official Identification Form

Please TYPE or PRINT NEATLY the information into the requested fields below. Please give your name and date of birth EXACTLY as it appears on your official identification. This form, your photo, and the test fee must arrive by the deadline established at Ashton College Test Centre.

I want to take the test at: **Ashton College, Vancouver** Province/State : **British Columbia** On: [ ][ ][ ][ ][ ][ ] (month/day/year)

I want to take the speaking test:  Yes  No

Name: [ ] (last or family) [ ] (first or given) [ ] (middle)

Mailing Address: [ ]

Email Address: [ ]

Telephone Number: [ ]

Date of Birth: [ ][ ][ ][ ][ ][ ] (month/day/year) Age: [ ][ ] Sex: [ ] (M/F)

Reason for Test:   
  A. To enter a 2-year college (community college)   
  B. To enter a 4-year university (bachelor's degree)   
  C. To enter a graduate or post-bachelor certificate program (master's, PhD, teaching certificate)   
  D. For professional certification (:55D5, nursing boards, pharmacy boards, ECPE, etc.)   
  E. Other \_\_\_\_\_

**For Examiner's Use Only**   
 I certify that the person tested is the same person shown in the attached photo, and that I have confirmed his/her identity and seen official ID.   
 \_\_\_\_\_   
 Proctor's signature

Native Language: [ ]

Native Country: [ ]

Signature: \_\_\_\_\_   
 (In order for your MELAB ID form to be valid, you must sign here after you print the form.)

Identification (please fill in one of the required fields below)

Passport #: [ ] [ ] (country issuing passport)

Permanent Resident Card #: [ ]

6 digit ID #: [ ]

Attach a recent photograph.   
 An incomplete MELAB ID form without a photo and proper fee will not be processed.

You may authorize two official score reports at no extra charge. **These official score reports are for educational and/or institutions only.** Provide names and complete mailing addresses of these institutions. If you do not wish to authorize these reports, please check the box below.

1. [ ] 2. [ ]

I hereby give my permission for the English Language Institute (ELI), University of Michigan, to use my MELAB responses for educational and research purposes. I understand that if my responses are used, my identity will remain confidential.   
 Signature: \_\_\_\_\_



## FEES DUE AT TEST REGISTRATION

	<u>AMOUNT \$</u>
1. Written Test Only	\$120.00
2. Written & Speaking Test	\$180.00
3. Rush Score Reports (Up to 2 reports)	\$80.00
4. Extra Score Reports (each)	\$20.00
5. Extra Rush Score Reports (each)	\$45.00
<b>TOTAL:</b>	(CAN and US dollars are accepted at parity) \$

I hereby authorize Ashton College to charge my credit card in the amount of \$ \_\_\_\_\_  
(CAN and US dollars are accepted at parity)

Type  
of Card

VISA
MC
AMEX

Credit  
Card #

Expiry  
Date:

(month/year)

Name on Card: \_\_\_\_\_

\_\_\_\_\_  
X SIGNATURE