

Exam Registration

Test Date: Year _____ Month _____ Day _____

Location: CES Exams Toronto – 112 Elizabeth Street, Toronto, Ontario
 CES Exams Calgary – 903 8 Ave. SW Suite 250, Calgary, Alberta

Select One: Paper-Based
 Computer-Delivered: 9:00 a.m. 1:00 p.m. 5:00 p.m. *not on Saturdays

Select Format: Academic or General Training

PERSONAL INFORMATION

1. (Select One) Dr. Mr. Mrs. Miss/Ms.
2. First Name _____ (write as it is in your passport)
Middle Name _____ Last Name _____
3. Gender: Male Female
4. Date of Birth: Year _____ Month _____ Day _____
5. Country of Nationality: _____
6. First Language: _____
7. Telephone in Canada: _____
8. Email Address: _____
9. Occupation Level: (Select One) Student/Employee (junior level, middle level, senior level) Self-Employed/Other
10. If employed, what type of job do you do? _____
11. Level of Education Completed: (Select One) High School, Bachelor Degree, Masters or Doctorate Degree
12. How many years have you been studying English? _____
13. Postal Address: Street # / Street Name / Unit or Apt. / City / Province, Postal Code / Country

14. Why are you taking the test? (Select one) Educational Purposes Immigration purposes personal reasons
15. Have you taken the IELTS test at CES-EXAMS? Yes No When: _____
16. Passport Number: _____
17. Expiry Date of Passport: Year _____ Month _____ Day _____
18. *****Please UPLOAD a clear copy of your passport.** We must see:
Passport Photo, Passport Number, Date of Birth, Expiry Date and Signature Page (this may be on a different page of your passport)
19. Terms and Conditions: **Please see attachment** and answer the following question:
Do you agree with the Terms and Conditions? (Select one) I agree I don't agree

Once you have answered all the questions, please send it to info@ieltstoronto.com