

Canadian Test of English for Scholars and Trainees CanTEST[®]

Last name: _____ First name: _____

Address: _____ Apartment: _____

City: _____ Province: _____ Postal code: _____

Telephone: _____ (h) _____ (w)

E-mail: _____

Date of birth (mm/dd/yy): _____ Gender: Female Male

Nationality: _____ First language: _____

Full payment is required at time of registration.

Method of payment (*choose one*)

Cheque (please make payable to *Saint Mary's University*)

Card type: MasterCard VISA American Express

Number:

Last name: _____ First name: _____

Expiry date: _____ Total: C\$ _____

Signature: _____

Test date: _____

Address of university to which CanTEST marks are to be sent: _____

REFUND POLICY

Refund of the registration fee, less C\$25 for administration, will be made to candidates who notify our office of withdrawal at least one week before the scheduled test. After that time, no refunds will be permitted.

Please mail or fax this application form to:

TESL Centre
Saint Mary's University
Halifax, Nova Scotia
Canada B3H 3C3

Telephone: 1-902-420-5691
Facsimile: 1-902-420-5122
E-mail: tesl@smu.ca