



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 your selected test center.

I want to take the test in: (city) Province/State: 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 (CSIC, 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 #:
or (country issuing passport)

U.S. Permanent Resident Card #:

or
Canadian Health Card #:

Attach a recent photograph.

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

The test center where you were administered the MELAB will issue your unofficial MELAB Score Report. You may authorize two official score reports at no extra charge. **These score reports are for schools and/or institutions only.** Provide names and complete addresses of these institutions. Indicate your level of study, as well (undergraduate or graduate). **Provide telephone and street address if you require RUSH service.** If you have more than 2 places you want your scores sent, please fill in the Additional Score Report.

1.

2.

I hereby give my permission for Cambridge Michigan Language Assessments, to use my MELAB responses for educational and research purposes. I understand that if my responses are used, my identity will remain confidential.

Signature: _____

MELAB candidates may not take the exam in consecutive months.

Cambridge
Michigan
Language
Assessments