TEST TAKER AGREEMENT FORM

The ACTFL Oral Proficiency Interview (OPI) ®, Writing Proficiency Test (WPT) ®, Oral Proficiency Interview by computer (OPIC) ®, and Advanced Level Checks are nationally recognized, standardized tests distributed by Language Testing International (LTI) for assessing oral or written proficiency according to the revised ACTFL Proficiency Guidelines. Each such test is administered/rated by a Certified ACTFL Tester or Rater. A recording of the interview and/or copy of the writing test will be used for the purpose of allowing two Certified ACTFL Testers or Raters to independently rate the candidate’s speaking or writing proficiency based on the descriptors of language proficiency in the ACTFL Proficiency Guidelines. I understand that I will not be rated on the factual accuracy of my opinions or suggestions.

I hereby acknowledge and agree that the purpose of this test is to evaluate my speaking and/or writing proficiency. I hereby give my consent to LTI to record and/or retain my spoken and/or written responses for this purpose and to release my rating(s) to the named party(s) on my application, or as may be required from time to time in order to comply with federal/state law or regulation. I have reviewed Policy Concerning Cancellation of Ratings located on LTI’s website under Other General Information, and consent that LTI, pursuant to that policy and in its sole discretion, shall have the right to: (1) use its interview recording of me to respond to any questions I may have about my rating, or as part of any challenge I make to my rating; and (2) require me to take a retest at LTI’s expense if, after a reasonable opportunity for me to provide supplementary information to LTI and a reasonable investigation by LTI, it determines that sufficient factors exist that call into question the accuracy of my test score. I further acknowledge that LTI shall have the right to use its interview recording of me to conduct research on future modifications to the assessments or for academic study, provided, however, that in any such research or academic situation, none of my personal information shall be disclosed to anyone outside of LTI who has not been designated by me.

I understand and agree that the recording of my interview and/or completed writing test become the exclusive property of LTI and that LTI will maintain it as strictly confidential, subject to the above-mentioned rights of LTI. I further understand and agree that the content of the test shall not be released to me or any other party under any circumstance, nor shall I attempt to record, copy, reconstruct, or use the content of the test, inasmuch as the test questions and protocols are copyrighted materials and their release would compromise the validity, integrity and commercial value of the test. I acknowledge that LTI will provide me with a published, standard ACTFL description of my rating from the Guidelines as part of the standard procedure and cost of testing. I also acknowledge that I have the option of purchasing a detailed, individual written report of my test results, developed by a certified ACTFL proficiency expert for an additional fee. If I have any questions about my rating, including any retest determined by LTI to be required, I agree to abide by LTI’s rating review process and/or my employer or school’s disclosure policy.
I agree that any use of my rating on this proficiency assessment shall be completely within the purview of my employer or any other party I have authorized to receive my rating. Accordingly, I shall have no legal rights against LTI for any decision made by my current employer, school, or any other party I have authorized to receive my rating. I agree to hold LTI harmless against any claims of damages because of any such decisions made by others, whether based on my rating alone or in combination with any other factors.

Below I am hereby providing all relevant information to LTI to verify that I am the individual who has arranged to take this test in consideration of my right to have it scored in accordance with the terms of this Agreement.

PRINTED NAME: ______________________________________ DATE: ______________________________

SIGNATURE: __________________________________________________________________________________

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: __________________________________________
ACTFL LANGUAGE PROFICIENCY ASSESSMENTS
FOR TEXAS A&M UNIVERSITY – CORPUS CHRISTI

Complete and return this application with a signed Test Taker Agreement form and completed Proctor Responsibilities and Agreement form by mail or fax to the address listed above.

LAST NAME: _________________________________ FIRST: __________________________________________________
HOME ADDRESS: ______________________________________________________________________________________
CITY: ___________________________________ STATE: _________________ ZIP: _________________________________
LAST 4 DIGITS OF SOCIAL SECURITY #:______________________________ DATE OF BIRTH:______________________
PHONE: (DAY): ________________________________ (EVENING): _____________________________________________
E-MAIL ADDRESS (REQUIRED):   ________________________________________________________________________

1. CIRCLE OR INDICATE LANGUAGE TO BE TESTED:
   (**PLEASE SUBMIT ONE FORM PER LANGUAGE**)
   French           Italian           Portuguese           Spanish
   Other: ________________________________

2. RETEST: Is this your first time taking an ACTFL language assessment?
   ☐ Yes
   ☐ No

3. TYPE OF ASSESSMENT(S) NEEDED:  (Check from selections below)
   ☐ ACTFL Oral Proficiency Interview (OPI)®
   ☐ ACTFL Oral Proficiency Interview to Superior (OPIc)®
   ☐ ACTFL Writing Proficiency Test (WPT)
4. WHERE WILL YOU TAKE YOUR TEST?
   At a College or University: (A PROCTOR AGREEMENT FORM WITH YOUR APPLICATION IS REQUIRED) A proctor at a college may be a Professor, Department Chair, Department Administrative Assistant or Department Coordinator, or Registrar and University Assessment Personnel. No other administrators or staff may act as proctors.

   PROCTOR: ___________________________________________ TITLE __________________________
   PROCTOR EMAIL: ___________________ PROCTOR TELEPHONE: _________________________

5. PLEASE INDICATE WHEN YOU ARE AVAILABLE TO TEST:

   Please provide a RANGE of availability (dates & times) that you and your proctor can do the test. Allow at least 10 business days from the date of your request submission, if you are submitting completed proctor forms with this application.

   DATES: ________________________________________ TIME: From _______ To _________
   DATES: ________________________________________ TIME: From _______ To _________

6. CONFIRMATION OF TEST DAY, TEST STATUS AND RESULTS:

   Within ten business days of the date of the test you will be sent an e-mail notification with your results. Once your application has been processed, you and your proctor will be sent separate e-mails with your test date, time and other test instructions. For OPIs, OPIcs and WPTs, this e-mail will provide a unique ID and PASSWORD to access your test information and status on the LTI Test Candidate Website (www.languagetesting.com/individual). Please retain this important e-mail and website information for your records as you will use this website and secure password to verify the date and time of your test and check the status of your test result. You will also have the option to print your final rating certificate from the website. Please allow UP TO 4 WEEKS from the date of your test to receive your final rating.
7. OTHER IMPORTANT TEST INSTRUCTIONS:

- The OPI or OPIc and WPT Proctor Responsibilities and Agreement forms must be completed by your proctor and submitted with your application. Your application will not be processed without completed Proctor Responsibilities and Agreement forms. If your application is received without proctor forms, you may be asked by e-mail to supply new dates once proctor forms are received and approved.

- A signed Test Taker Agreement form must be submitted with your application.

- Be sure to arrive at the test site 15 minutes prior to the above test time. Please bring two forms of picture identification with you to present to the proctor.

- Inform us immediately if you will not be available at the scheduled time and date. If you notify us later than one business day before the scheduled day of the test, you will be charged a fee of $55.00 for a missed appointment.

- To reschedule this test, you must do so at least one business day in advance of the above date by e-mail to admin@languagetesting.com and advise us of new dates. You may also mail the information to the address above. Please allow 10 business days from the date of your submission of new information for a new test date/time.

- If you must cancel this application, without giving 24 hours notice, you will be charged a fee of $55. The balance of your payment will be refunded to you.
8. **PAYMENT & FEE(S):**

- **ORAL PROFICIENCY INTERVIEW (OPI) TEST FEE:** $134.00
- **ORAL PROFICIENCY INTERVIEW – COMPUTER (OPIc):** $65.00
- **WRITING PROFICIENCY TEST FEE (WPT):** $65.00

- **OTHER OPTIONAL LTI SERVICES & FEES:**
  - **EXPRESS SERVICE FEE:** $50 (final rating will be posted within two weeks)
  - First request of ACE Credit Recommendation for OPI/WPT - $75 each
  - Additional requests for ACE Credit Recommendation for OPI/WPT - $40 each

**ACE Credit is optional.**

**TOTAL CHECK/CHARGE INCLUDING TEST FEE(S) $____________. 00**

**METHOD OF PAYMENT:**

- [ ] A CHECK FOR THE TEST FEE(S) PAYABLE TO: **LTI, Inc.**
- [ ] PLEASE CHARGE THE TEST FEE(S) TO A CREDIT CARD (COMPLETE SECTION BELOW)

**MASTERCARD/VISA/DISCOVER (circle one) Card #: ________________________________**

**EXPIRATION DATE: _______________ SIGNATURE: ________________________________**

Note: All charges require the card holder’s signature.

**When submitting your application, please be sure to include the following:**

- [ ] Complete an application with payment for each language in which you wish to test
- [ ] Complete and return signed Test Taker Agreement form and Proctor forms
- [ ] Your signature must be included on each application
- [ ] Please return application and payment by mail, fax or e-mail (scanned) to LTI as follows:

  LTI
  3 Barker Avenue
  White Plains, NY 10601
  Fax: (914) 963-7113
  E-mail: sklein@languagetesting.com