

Institutional Test of Spoken English (SPEAK)
Referral Form

TO: The Intensive English Language Center (Box 122)

FROM: Dr. (Box 83)

Please administer the Institutional Test of Spoken English (SPEAK) to:

Name: _____
Last Name First Name

WSU ID Number: _____

Send the results to: Electrical Engineering & Computer Science 83
Department Box Number

The \$75.00 test fee will be paid by:

this department _____
Department Account Number

the student (The test fee is due when the student registers for the test in the Garvey International Center)

Dr. + X] H I D . D J G L, Graduate Coordinator
Name and Title of Person Authorizing this Test



Signature