Georgia State Test of English Proficiency
Application Form (updated Sept 2008)

Please print clearly. Read and answer each question carefully. Please mail in application with a **check or money order for $60 made payable to Georgia State University**. We must receive your application and money order at least two weeks before your test date. Mailing address: GSTEP Testing Program, Department of Applied Linguistics and ESL, P.O. Box 4099, Atlanta, GA 30302-4099.

1. Name _____
Last (family) First Middle

2. Date of birth (month/day/ year) ____/____/_____

3. Address _____
Street Apartment
_____ _____ _____
City State ZIP code

4. Telephone (____)_____ 5. E-mail _____

6. Your native country _____ 7. Your native language _____

8. Are you currently a GSU student? __ no __ yes
If yes, you must have the Testing Director's initials here to take this test: _____

9. I want my scores sent to me only (no school) ___ 10. Test date that you are registering for _____

11. Which college/university do you want your scores sent to? (3 scores sent at no charge; each additional score report is $5)

Georgia State University	**Georgia State University**	**Other universities/colleges:** **Please check with any college before the test!**
__ **Undergraduate Admissions**	___**Graduate Admissions** **Graduate programs/Colleges:** __ Health Sciences __ Education __ Arts & Sciences __ Business __ Policy Studies	__ Other: _____ __ Other: _____ __ Other: _____

12. Major/department: _____

13. Degree goal now **(choose one only)**: ___ undergraduate ___ master's degree ___ Ph.D.

14. How many years have you lived in an English-speaking country? _____

15. Did you graduate from a U.S. high school? ___ yes ___ no

16. Have you studied at a college or university in the U.S? ___ yes ___ no
If yes, how many years? _____

17. Have you taken the TOEFL before? ___ yes ___ no If yes, your score: _____

18. Have you taken the GSTEP before? ___ yes ___ no If yes, when? _____
You may only take the GSTEP test one time each semester. If you have already taken it this semester, you must wait until next semester to take it again.

I understand that the Department of AL/ESL reserves the right to invalidate the test scores of students involved in any irregularities during the testing session.

_____
Signature Date

OFFICE USE ONLY

Test date: _____ Payment received: ___check (#_____) ___ money order (#_____) Staff initials _____