

For office use only:

☐ RECENT PHOTO

☐ Signature



Test ID - FOR OFFICE USE ONLY

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Location Y Y Y Y M M D D Seat Number

Location: _____

Registrar's Signature: _____

Registration Form

Please use a pen and print clearly.

☐ First time CAEL test taker or ☐ Repeat CAEL test taker

Date of test ____/____/____
Year Month Day Seat#

Test Date Applying for:

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Year Month Day

Family Name: _____ Given Name(s): _____

Registration Requirements:

1. Valid Passport **OR two** pieces of photo identification issued by a government agency within Canada (driver's licence, health card, etc.) **AND**
2. One recent photograph representative of your current appearance and not identical to your photo identification.

1. _____
(Type of identification) (Number)

2. _____
(Type of identification) (Number)

Address: _____

Telephone: (____) _____ - _____ Email: _____

Gender

--	--

Male Female

Date of Birth

--	--

Year

--	--

Month

--	--

Day

First Language: _____ Native Country: _____

What do you plan to study? (subject) _____

- At what level? ☐ Undergraduate
☐ Graduate
☐ Other

If you are currently living in Canada, answer these questions:

How long have you been living in Canada? _____

How long do you plan to stay in Canada in the future? _____

Are you currently enrolled in an ESL course?

☐ Yes School _____

School location (city) _____

Level _____ Hours /Week _____

☐ No

How would you rate your skills in English? Circle the number that best describes your skills.

Skill	Excellent	Good	Generally OK	Fair	Poor
1. Speaking	1	2	3	4	5
2. Listening	1	2	3	4	5
3. Reading	1	2	3	4	5
4. Writing	1	2	3	4	5

In the space below, write a summary of your experience using English for academic purposes.

Details of language tests previously taken:

Test	Date	Score
CAEL		
CANTEST		
IELTS		
MELAB		
TOEFL		
OTHER (specify)		

Rewrite Policy: You may take the CAEL Assessment only once in a **ten-week** period. Results from a CAEL Assessment taken within ten-weeks of your last CAEL Assessment will not be processed and there will be no refund of your test fee.

CAEL scores are no longer available on the website. Residents of Ottawa may pick up their Score Report at 220 Paterson Hall, Carleton University. All test takers residing outside Ottawa will receive their Score Report by mail.

The CAEL Assessment office will forward your result to two institutions free of charge; please list your choices.

1. Name of institution and contact person: _____

Address: _____ Student # _____

2. Name of institution and contact person: _____

Address: _____ Student # _____

Do you want your score report sent regardless of your result? Yes ☐ No ☐ Only if my result is _____ or above

You may have your Score Report sent to additional institutions for a charge of \$10.00 CAD per institution.

I verify that I have filled in all the information on this application by myself and that it is accurate and truthful to the best of my knowledge:

Applicant's Signature: _____

Date: _____

Registration Fee PAID

Oral Language Test

Date:

Time:

**Test ID - FOR OFFICE USE ONLY**

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Location Y Y Y Y M M D D Seat Number

Location: _____

Registrar's Signature: _____

Proof of Registration

You must bring this Proof of Registration and the ID(s) listed below:

- to the Oral Language Test
- to the Written Assessment; and
- when picking up your CAEL Assessment results in person

You will not be admitted without them. No late admittance.

NOTE: All sections of the CAEL Assessment must be completed for the test results to be released.

Family Name: _____

Given Name(s): _____

1. _____
(Type of identification)

(Number)

2. _____
(Type of identification)

(Number)

Applicant's Signature: _____

Date: _____

Registration Fee
PAID

The CAEL Assessment Office
220 Paterson Hall
Carleton University
1125 Colonel By Drive
Ottawa, Ontario, Canada K1S 5B6

Web: www.cael.ca
Email: cael@carleton.ca
Tel: (613) 520-2600 ext. 2271

Oral Language Test (OLT)

Date: _____

Time: _____