



WAIKATO INSTITUTE OF EDUCATION

Waikato Public Test Center

Level 1 CBD Tower Building
48 Ward Street, PO Box 773
Hamilton, New Zealand
Phone: +64 7 8382450
Fax: +64 7 838 2453
Email: exam@wie.ac.nz

TOEIC Application Form

Application must be submitted no later than 15 days prior to the test date.

Family Name: _____ **First Name:** _____

Name in print: _____
(Enter your name exactly as you want it to appear on the certificate and score sheet)

Date of Birth: ___/___/___ **Sex:** M F **Nationality:** _____

Current Address:

Phone: _____ **Mobile:** _____ **Email Address:** _____

I would like to take the **TOEIC** test on: ___/___/___

Have you taken **TOEIC** before? **Yes / No** (Circle one) **Date of previous test:** ___/___/___

TOEIC test centre (where you sat **TOEIC** previously): _____

Fees: \$230 per student - **Payment is required upon applying for TOEIC Test.**

- Payment:** Cheque (post with application – Made out to: Waikato Institute of Education)
 Direct Bank Transfer (Account: Waikato Institute of Education, 02-0316-0019787-000)
OR Pay in cash at School Office

Declaration: The information I have provided for this application is true and accurate to the best of my knowledge. I will read the TOEIC Test Examinee Handbook containing TOEIC Test policies and procedures (sent to Applicant upon receipt of payment).

Signature of applicant: _____ **Date:** ___/___/___

Once you have completed and signed this form, please fax to us on (07) 838 2453 or scan and email to exam@wie.ac.nz, or post to Waikato Institute of Education, PO Box 773, Hamilton 3204

For Office Use only

Acceptable ID sighted & recorded: _____ Test date: ___/___/___

Fees paid: \$ _____ Date received: ___/___/___ Paid by: Cash / Cheque / Direct debit

Office Signature: _____ Date: ___/___/___