Test of Spoken English Referral Form

To Be Completed by the Academic Department:

Department _____Box Number_____

Name of Person Authorizing Test _____

Please administer the Institutional Test of Spoken English to:

Student _____
            Family/Last Name   First Name

WSU ID# _____

Payment Information: Please select one

1. ☐ Student will pay the testing fee at the time of registration

2. ☐ Department Pay   Org#_____   Fund #_____

Important Information:

*If the student has previously taken the exam, there is a 60-day waiting period before a retest can be given.
*The exam fee must be paid for each retake.
*If the department will pay the exam fee, a copy of this form must be emailed to
international@wichita.edu.
*Please give this form to the student to upload when registering for the exam.

Signature of Requestor _____ Date _____

Signature of Student_____ Date _____