

ACTFL ORAL PROFICIENCY INTERVIEW ACADEMIC INSTITUTIONAL UPGRADE APPLICATION

Name of Student's Academic Institution: _____

Student's Name: _____

Student's Address: _____

Student's Signature: _____

Form of Student Picture ID Presented: _____

.....
Certified Tester's Name _____

Date of Face to Face OPI: _____ Language _____ Rating _____

Certified Tester's Signature _____

.....

Submit this completed application with:

- **The tape of the OPI**
- **Copy of student's picture ID**
- **A Check for \$30.00 made out to "LTI"**

Pack all items in a padded envelope and mail to the LTI address above.

¹ OPI candidate must be a student or faculty member at the tester's own institution.

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E-mail: testing@languagetesting.com * www.languagetesting.com



ACTFL INSTITUTIONAL UPGRADE PAYMENT FORM

Please complete and return this form by mail or fax to the ACTFL Testing Office.

LAST NAME: _____ FIRST: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: DAY: _____ EVENING: _____

E-MAIL ADDRESS: _____ (important)

OPI INFORMATION:

1. LANGUAGE TESTED: _____

2. NAME OF TESTER: _____

3. DATE TESTED: _____

METHOD OF PAYMENT):

- A PERSONAL CHECK FOR \$30.00) PAYABLE TO: LTI, Inc. IS ATTACHED TO THIS APPLICATION
 CHARGE \$30.00 TO A CREDIT CARD (COMPLETE SECTION BELOW)

PLEASE CHARGE THE CREDIT CARD LISTED BELOW: \$30.00

MASTERCARD#: _____ VISA#: _____

EXPIRATION DATE: _____ SIGNATURE: _____

Note: all charges require a signature