

 **International Certificate Test Center Application**

#  Campus Edition

|  |  |
| --- | --- |
| \* Applicant (school) |  |
| \*Department |  |
| \*Contact Number |  |
| \* Address |  |
| \* Test Center Supervisor |  |
| \*E-mail |  |
| \* Mobile  |  |
| \* account number(ID card) |  |
| If there are any other teacher are joining invigilation, please sign up and finish the form below.Otherwise, press send bottom directly. |
| proctor | 1 Name:2. Contact Number:3.E-mail:4, account number: |
| proctor | 1 Name:2. Contact Number:3.E-mail:4, account number: |
| proctor | 1 Name:2. Contact Number:3.E-mail:4, account number: |
| proctor | 1 Name:2. Contact Number:3.E-mail:4, account number: |

send