

IELTS Preparation Student Registration Form (General Training)



Please fill out the form in CAPITAL letters

Name

First Name Last Name

Birth Date

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Email

example@example.com

Phone Number

+1 Phone Number

Course Date

Apr 6 - 17
Jun 1 - 11
Aug 4 - 14
Oct 6 - 16
Dec 1 - 11

May 4 - 14
Jul 6 - 16
Sep 1 - 11
Nov 2 - 13

Timings

6:00 PM - 8:30 PM (Intermediate)

2:30 PM - 5:30 PM (Beginner)

Education

High School
College
University

What is your level of English?

Beginner

Elementary

Intermediate

Advanced

What languages do you speak and how well?

Have you ever lived in a place where people speak English most of the time? If so, for how long?

Have you taken IELTS before?

Yes

No

What was the module?

Academic
N/A

General Training

When did you last sit for IELTS?

Less than a year ago
More than 2 years ago

More than a year ago
N/A

What was your overall band score?

8/8.5
6/6.5
4/4.5
2/2.5
N/A

7/7.5
5/5.5
3/3.5
1/1.5

When are you planning to take IELTS?

Within 1 month
Within 3 months
Within 12 months

Within 2 months
Within 6 months
I haven't decided yet

Reason for interest in the IELTS Exam

University/College Admission
Professional Qualification
Immigration

How did you hear about us?

Google
From a friend/family
Other

Facebook
School

Please Note: Registration is subject to acceptance by Coast English Testing.

Signature
