

## 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.

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

Exclusive Licensee of the American Council on the Teaching of Foreign Languages, Inc.  
E-mail: [testing@languagetesting.com](mailto:testing@languagetesting.com) \* [www.languagetesting.com](http://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