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.

† 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: ____________________________(important)

E-MAIL ADDRESS: ___________________________________________________________

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