

**ELS CURRENT STUDENT EPE REGISTRATION FORM**

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| **Full Name:** |  |
| **Student Number:**  |  |
| **Current Level:****(ELE/PIN/INT/UPP)** |  |
| **Class Group :****(e.g. INT 03)** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **I would like to attend the EPE information session\* on August 23rd**  |   YES NO |

*\*The information session will explain the new exam and question types.*

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| I would like to register for the EPE which will be held on September, 06 2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name**  **Signature**   **Date** |