Language Learning and Testing Foundation, Inc.

Dr. Charles W. Stansfield, President.

10713 Mist Haven Terrace, Rockville, MD 20852

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| **Student Qualifications Form** |

Language Learning and Testing Foundation, Inc. (LLTF) maintains a high commitment to professional practices in testing and assessment and subscribes to the principles of *The International Language Testing Association’s Code of Ethics* and *The* *Standards for Educational and Psychological Testing*. Many of the tests and materials offered by LLTF are available only to qualified professionals. Eligibility for students to purchase certain restricted materials is determined on the basis of the information provided below.

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| --- | --- |
| **Name:**       | **Date:**  |
| **E-mail Address:**       |
| **Phone Number:**       | **Fax Number:**       |
| **Mailing Address:**       |
| **City, State/Province, Zip:**      **,**      **,**       |
| **Country:**       |  |
| **Name of College/University:**  | **Department:**  |

**Type of research being conducted:** **[ ]** Thesis [ ]  Dissertation [ ]  Research

**Name of test to be purchased:**

**Number of test takers:**

**Method of administration:**

**Briefly describe your need for this test, the sample you will be testing, and how you will use the test scores.**

I understand that the terms as stated in the Security Agreement are a condition of test purchase and agree to the following basic principles of test security: Examinees may not have access to correct test answers before beginning the test; test users must adhere strictly to copyright law and under no circumstances photocopy or otherwise reproduce answer forms, test books, or manuals; access to test materials must be limited to qualified persons who agree to safeguard their use. Test materials may not be resold or distributed under any circumstances.

Your signature indicates acceptance of and compliance with the principles above.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Contact Information for Faculty Advisor***

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| **Name:**       | **Title:** |
| **E-mail Address:**       |
| **Phone Number:**       | **Fax Number:**       |
| **Business Address:**       |
| **City, State/Province, Zip:**      **,**      **,**       |