TELEPHONIC ORAL PROFICIENCY INTERVIEW (OPI) GEORGIA TECH

IP Students: Complete and return this form and return to internationalplan@oie.gatech.edu. Print clearly or type.

STUDENT INFO:				
LAST NAME:	FIRST:	NIT	IAL: DAT	EOFBIRTH:ZIP:
HOMEADDRESS:		CITY:	_ STATE:	ZIP:
PHONE: DAY:	EVE:]	FAX:	
E-MAIL ADDRESS	(Required) :			
LANGUAGE TO BE	TESTED:			
GA TECH PROCTO	OR INFO:			
GA TECH PROCTO! nkanny3@gatech.edu	R: Neta Kanny, SCHOO	L OF MODERN	LANGUAGES	PROCTOR EMAIL:
SCHEDULING THI	E OPI:			
PLEASE INDICATE business days from su date selected.	WHEN YOU ARE AVAIDMITTING date of this requ	AILABLE TO TA uest. Provide a ran	KE THE OPI: I ge of times (ide	Please pick dates that are at least 10 cally at least 3 hour span) on each
DATE #1:	TIME#1: From _		Го	_
DATE #2:	TIME#2: From _	ΤΤ	o	<u> </u>
DATE #3:	TIME#3: From _	T	°	

The student will be contacted by e-mail with the confirmed day and time of the assessment to be taken at the GA Tech Modern Languages Administrative Offices. Results will be shared with the GA Tech Modern Language School. The normal turn-around time for ratings is 2-4 weeks.