



Test of Spoken English Referral Form

All forms need to be saved as a PDF. with the following file name.

Last Name, First Name WSU ID TSE Form Semester

To Be Completed by the Academic Department:

Department _____ Box Number _____

Name of Person Authorizing Test _____

Please administer the Institutional Test of Spoken English to:

Student _____
Family/Last Name First Name

WSU ID# _____

Payment Information: Please select one

1. ☐ Student will pay the testing fee at the time of registration
2. ☐ Department Pay Org# _____ Fund # _____

Important Information:

***If the student has previously taken the exam, there is a 60-day waiting period before a retest can be given.**

***The exam fee must be paid for each retake.**

***If the department will pay the exam fee, a copy of this form must be emailed to ielc.lab@wichita.edu**

***Please give this form to the student to upload when registering for the exam.**

N/A

Signature of Requestor _____ Date _____

Signature of Student _____ Date _____