

ACU ENGLISH TEST MELBOURNE INFORMATION FOR CANDIDATES

The ACU English test is an internal English Test designed to determine whether a student's English level is sufficient to begin further studies at Australian Catholic University. The four skills of Reading, Writing, Listening and Speaking are tested.

The ACU English Test is NOT recognised by The Department of Immigration (DIAC) for visa purposes.

Please Note: The ACU Test is not accepted in order to meet the English language entry requirement for the Bachelor of Physiotherapy, or for any teacher preparation degree.

TEST DATES 2012

Jan 31st	Feb 28th	Mar 27th	Apr 24th
May 22nd	June 19th	July 24th	Aug 21st
Sep 18th	Oct 16th	Nov 13th	Dec 11th

REGISTRATION AND PAYMENT

Complete the Registration and Fee Payment Form below and return it to the Australian Catholic University, International Programs Office, Level 5, 115 Victoria Pde Fitzroy one week before the test date.

TEST DAY DETAILS

Meeting point: International Programs Office, Level 5, 115 Victoria Pde Fitzroy by 8:30am.

Arrival time: 8:30am

Duration: 9am – 5pm

Regulations:

- Late arrivals will not be permitted to enter.
- Refunds will not be issued to late arrivals.
- Presentation of passport required.

Results issued: Within 7 working days from International Programs Office, Mon/ Wed /Fri only.

ACU ENGLISH TEST REGISTRATION FORM

MELBOURNE

SELECTED TEST DATE: ____/____/____

Candidates Family Name: _____	Candidates Given Names: _____
Mailing Address: _____	
Email: _____	
What ACU course are you planning to commence? _____	
Have you applied for this course? Yes No	
Have you received a conditional offer for this course? Yes No	
What is the English language requirement in your conditional offer? IELTS _____	
Have you taken the official IELTS Test before? Yes No	
• Most recent IELTS Test date? ____/____/____	
• Your band scores L:_____ R:_____ W:_____ S:_____	
• Your overall score _____	

MELBOURNE ACU TEST FEE PAYMENT

Full Name _____

Amount Paid **\$60**

Today's Date _____ / _____ / _____

Paid by: **Cash**

or

Credit Card

Type of Credit Card:

Credit Card Number:

Card Holder's Name:

Card Holder's Phone Number:

Card Expiry Date: _____ / _____ / _____

Office Use Only: Account No **84203**