



MITAA REGISTRATION

Last Name: _____ First Name: _____

UWM ID#: _____ Telephone Number: _____

Email: _____@uwm.edu

Test Scores:

Date of test (MM/DD/YYYY): _____

TOEFL Score: _____

TOEFL Speaking Score: _____

OR

IELTS Score: _____

IELTS Speaking Score: _____

School or Department: _____

Letter of offer: YES NO

Name of Department Contact Person: _____

Contact's Telephone: _____

Email: _____@uwm.edu

Signature: _____ Date: _____

Office Use:

MITAA Date: _____

Score: _____