



ACCENT & COMMUNICATION TRAINING (ACT) REGISTRATION FORM

PERSONAL INFORMATION	
Name:	Date of Birth:
Email Address:	Age:
Phone Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
U.S. Address:	
Native Language:	Country of Birth:
Year Moved to U.S.:	Occupation:
Level of Education Completed & Major:	Place of Employment/Education:

ADDITIONAL INFORMATION	
If you have taken the Test of English as a Foreign Language (TOEFL), please list your scores below.	
Reading:	Listening: Speaking: Writing: Total:
If you have taken the International English Language Testing System (IELTS), please list your scores below.	
Listening:	Reading: Writing: Speaking: Overall:
If you attend(ed) Northeastern University, check any of the following programs that you participated in.	
<input type="checkbox"/> Global Pathways	<input type="checkbox"/> American Classroom <input type="checkbox"/> NU In
Do you have any speech/language difficulties in your native language? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, please explain:	
Have you had a speech/language, hearing, or ACT evaluation before? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, please explain:	
Have you participated in ACT before? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, please describe the type of sessions and the dates:	
How did you hear about the ACT program?	
<input type="checkbox"/> website	<input type="checkbox"/> word of mouth <input type="checkbox"/> flyer on campus <input type="checkbox"/> other:

PROGRAM INFORMATION	
What service(s) are you signing up for? (check all that apply)	
<input type="checkbox"/> ACT screening	<input type="checkbox"/> ACT evaluation <input type="checkbox"/> ACT Sessions <input type="checkbox"/> English Conversation
What format are you signing up for?	
<input type="checkbox"/> Online	<input type="checkbox"/> In person <input type="checkbox"/> Hybrid
What year and semester are you signing up for?	
Year:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

Please email/mail/fax this completed page to us using the information above.