

# ISLPR® - International Second Language Proficiency Ratings

ISLPR LANGUAGE SERVICES PTY LTD ABN 83 138 312 919

## APPLICATION FOR EDITING AND TUTORIAL SERVICE

Complete all sections on this page. Use a blue or black pen. Print clearly in block capitals.

NAME .....  
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FIRST LANGUAGE .....

TEST HISTORY: Have you ever done an ISLPR test before? (Please tick) Yes  No

If yes, when did you do the ISLPR ..... / ..... / ..... and where .....  
*dd mm yy*

CURRENT STUDY PROGRAM (eg. Bachelor of Arts) .....

TITLE OF PAPER TO BE EDITED .....

COURSE / SUBJECT ..... LECTURER / TEACHER .....

LENGTH OF THE PAPER ..... words TUTORIAL HOURS REQUIRED ..... hours

DATE FOR SUBMITTING THE PAPER FOR EDITING: Week beginning ..... / ..... / .....  
*dd mm yy*

DEADLINE FOR SUBMITTING THE PAPER TO THE INSTITUTION ..... / ..... / .....  
*dd mm yy*

PREFERRED DATE FOR THE TUTORIAL ..... / ..... / .....  
*dd mm yy*

**APPROVAL BY THE LECTURER / TEACHER:** I have given the student approval to have the paper edited by ISLPR Language Services subject to the conditions of the "Editing and Tutorial Service".

LECTURER / TEACHER'S NAME .....

LECTURER / TEACHER'S SIGNATURE ..... Date ..... / ..... / .....

The information I have given on this form is correct. I have read and I accept the conditions of the "Editing and Tutorial Service".

Signature ..... Date ..... / ..... / .....  
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