Request to Retest the English Language Proficiency Examination Form

Student Name: ____________________________________________

Student UIN: ____________________________________________

Department Head (Print): ____________________________________________

Department Head Signature: ____________________________________________

Please allow the student listed above to retest the English Language Proficiency Exam. I attest that the student meets the following criteria:

- Our department needs the student to work as a Teaching Assistant
- The student has passed at least two sections of the ELPE
- The two ELPE areas lacking have a minimum score of 75 in each section