

Student Information

Signature:

Date:

DD/MM/YYYY

Family Name:

UNSW Institute of Languages Versant English Placement Test - VEPT

Student Declaration

First Name:	
Date of Birth:	/ / (DD/MM/YYYY)
I understand and	agree to the following conditions for the UNSW Institute of Languages VEPT:
I will take	the placement test without assistance from any other person
I will not	use any electronic, online or other reference during the test, including mobile phone or table
	It of my placement test will be used to make an offer for a course, duration of study and cording to my study goal, eg entry to UNSW or UNSW Foundation Studies
•	aud or cheating leading to incorrect placement in class will result in consequences such as ion of enrolment or transfer to a class at the correct level
Signature:(signature should	d match the signature on your passport or photo identification)
Date: / / DD/MM/	YYYY
	Agent Declaration
I confirm that I w including ensurir	ill administer the UNSW Institute of Languages VEPT according to the Agent Process g;
■ I will cor	firm the identity of the student, provided with the TIN by checking their photo ID
assistan	vide staff to supervise the test and make sure the student completes the test with no ce including; no access to mobile or smartphones or other technology, dictionaries or other aides and ensure multiple students sitting the test are seated separately