ANGELO STATE UNIVERSITY
OFFICE OF ADMISSIONS
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ASU Station #11014 • San Angelo, TX 76909-1014

MEMBER, TEXAS TECH UNIVERSITY SYSTEM

ENGLISH PROFICIENCY

This form is required by all applicants.

_____
Date

Name: _____

Test of English as a Foreign Language (TOEFL) required of all applicants from another country UNLESS English is your native language. If so, check here. ☐

English is my native language _____
Signature

If English is not your native language, please fill out the information below.

Date you took (or will take) TOEFL: _____
Month Day Year

Scores were (or will be) sent to Angelo State University? ☐ Yes ☐ No

If you have already taken the TOEFL, what was your TOTAL score? _____
paper-based

_____
computer-based

Number of years you have studied the English Language (give dates):

In secondary or middle school _____

In university _____

Under private auspices _____

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Office of Admissions.

Privacy Policy

SUBMIT

Revised 09/07