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Tick the appropriate box to indicate the examination. (Complete a separate form for each examination)					NAME OF SCH	IOOL /					
FIRST CERTIFICATE IN ENGLISH (For Schools) (FCE)			May 🗌		TEACHER						
CERTIFICATE IN ADVANCED ENGLISH (CAE)			Jun 🗌								
CERTIFICATE OF PROF	ICIENCY IN ENGLISH	(CPE)	Dec 🗆		ADDRESS						
KEY ENGLISH TEST (Fo	•	(KET)	Mar 🗌	Jun 🔲							
PRELIMINARY ENGLISH TEST (For Schools) (PET)			May 🗌	Dec 🗆	TOWN, POST	CODE					
YLE STARTERS											
YLE MOVERS		님	Date		TELEPHONE	-	MOBILE				
YLE FLYERS											
* Please tick (V) for a	candidates wishing to re	egister with the resit	t guarantee opt	ion	E-MAIL						
Resit Guarantee FAMILY NAME				FIRST NAME			FATHER'S NAME		DATE OF BIRTH		
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