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Registration Form Please fill this table in English, the item with "*" can not be left blank! 1. Last Name * First Name* Middle Initial (Alpha or blank spaces) 2. DATE OF BIRTH* (MM) - (DD) - (YY) 3. U.S. SOCIAL SECURITY NUMBER (0-9 A-Z or blank spaces) 4. SEX* Male Female 5. PAPER-BASED TEST DATE * 03(MM)-15(DD)-03(YY) 6. TEST CENTER* 10605 7. TEST TO BE TAKEN General Test 8. SEATING Yes No (Would You Prefer Left-handed Seating if Available?) 9. CURRENT EDUCATIONAL STATUS Sophomore(second year) Junior(third year) Senior(fourth or final year) First- Year Graduate Student Second Year Graduate Student Unenrolled(College Graduate) Unenrolled(Master s Degree) Other 10. UNDERGRADUATE INSTITUTION (Using the Institution 100Test 下载频道开通，各类考试题目直接下载。详细请访问 www.100test.com