

Registration for Arizona classroom teacher Spanish proficiency exam 2024–25

Name:				
3.6.111	First	Ini	tial	Last
Mailing				
address:				
	Stree	t		Apt #
-	City	Sta	ate	Zip
Phone				
number:				
	including area code			
Email:				
School				
where you				
teach:				
2024–25	workshop and	d test dates*		
Workshop	_	Test		
Saturday, C	Oct. 19, 2024	Friday, Oct. 25, 202	24	
8:30–10:30	a.m.	4–6 p.m.		
Please indi	cate which section	ons you are taking:		
	nitial oral and w	ritten examination		
☐ Retake oral and written examination				
I	Date of previous	examination:		
Registratio	on fee: \$100 **			

Please email the completed application form to Zoila Vazquez-Thompson at zoilathompson@asu.edu and she will provide you with the payment information once the form is received.

^{*} If your application and payment have not been received ONE WEEK before your selected exam date, you will be scheduled for the next available test date. You will forfeit the fee paid if you fail to attend or fail to reschedule. If you wish to attend the workshop your application is due ONE WEEK before your selected workshop date.

^{**} The \$100 fee will entitle you to one exam and one workshop. Retakes of this exam will be \$50.00 each for exam only. The exam is taken entirely on the computer.