

## REQUEST FOR INSPECTION\* FORM



Last name: ..... First name: .....

Date of birth: d   m   yr     Place of birth (city): .....

Language: ..... Level of exam: ..... Examination site: .....

Exam time: ..... Candidate number: .....

### Skill(s) to be inspected:

Reading comprehension ☐

Written communication ☐

Listening comprehension ☐

Oral communication (audio recording) ☐

### Consultation

Would you like to request a consultation\*\*?

Yes ☐ No ☐

**\*\*Note:** The fee for the consultation is 10 euros per skill and must be paid on the day of the inspection at the ECL Examination Center. A receipt must be provided.

Justification:

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Date:.....

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Signature

\*The inspection or listening to the audio recording can be conducted within 15 days after the announcement of the examination results.

The inspection takes place exclusively at the International ECL Examination Center in Pécs, Hungary, and is free of charge.