Request for ESPA/ELPT and TAPE Fees Waiver

All students for whom English is not a first language and who have first-time appointments as graduate assistants (TAs and graders) are required to be tested to assess their effectiveness in speaking English before they are assigned assistantship responsibilities.

The English Speaking Proficiency Assessment (ESPA) is the test used to assess these students’ oral language and listening skills. The English Language Performance Test (ELPT) is a supplement to the ESPA test and is designed to measure prospective TAs’ ability to communicate in English in a classroom context in their own field of study. The ELPT attempts to identify specific aspects of language likely to present communication problems for the new TA whose first language is not English. The ELPT is given to students who have scored 50 or 55 on the ESPA.

Students who do not achieve the required passing score (A or B) on the ESPA/ELPT can retest only if:
- they take one of the required TAPE classes, in which they will be automatically retested at the end of the class, OR
- they wait an entire year (students may only do this once).

The college will not approve any teaching assistantships for second-year graduate assistants who have not attained an A or B on the ESPA/ELPT.

Please check the box and sign below. Return this form to Margie Ebert in 241 Schaeffer Hall.

☐ I understand that if I fail to pass my initial ESPA/ELPT test with an A or B, I may be responsible for the cost of TAPE classes required for subsequent retesting.

- Students who are supported by the Department of Statistics and Actuarial Science will not be charged for the first-time enrollment in any TAPE class. They will, however, be charged for any subsequent enrollment in any TAPE class required to pass the ESPA/ELPT test.
- Unsupported students will be charged for each enrollment in any TAPE class required to pass the ESPA/ELPT test.

_________________________________________________________  ___________________________  ___________________________
Print Name  HawkID  University ID#

__________________________________________  ___________________________
Signature  Date

In office use only –
Requested testing session (check only one): ☐ January  ☐ March/April  ☐ August  ☐ October/November