

**Lehigh University
Test of Pedagogical Speaking Skills (TOPSS)
Registration Form**

Please return the completed form to the International Center for Academic & Professional English (formerly ESL) in Maginnes Hall room 246.

Applicant Information

Name: _____ Email: _____
Phone: _____ Department: _____
PhD or Masters: _____
Advisor's Name: _____ Advisor's Email: _____

TOPSS Testing History

Have you previously taken the TOPSS? ____ Yes ____ No
If yes, please enter your most recent TOPSS score: _____ Date: _____

Teaching Assistant Status

___ I am currently a teaching assistant. Please describe your duties

___ I have applied to be a teaching assistant for the _____ semester.

Departmental Approval

___ I have departmental approval:

Signature: _____ Date: _____
Print Name: _____
Position: _____

Video Waiver

Your TOPSS presentation will be recorded. The recordings are only used to train test raters, to use as a teaching tool with the ITA, and to review when there is a test score dispute. Only test raters, test administrators, and the ITA have the right to view the recording, which will be securely stored and then deleted after three years. If you don't want to be video recorded, you must notify the test administrator in advance. Please understand, though, that if you choose no recording, then we cannot use it for the above purposes that potentially benefit you.

Signature: _____ Date: _____

TOPSS results will be reported directly to TA candidates and their departments via email following the test. Please allow up to 5 business days to receive your test scores.

If you have questions about the test, please email inTOPSS@lehigh.edu