

2011-12 CHANGE REQUEST For Test, Test Center, and Date for paper-delivered tests



DO NOT USE THIS FORM TO REGISTER.

See the Bulletin or website for more information.

Test and center change requests must be received by the emergency registration date (see the Praxis website). Test date change requests must be received no later than 3 full days prior to the original test date.

CANDIDATE ID NUMBER (If available)									

PLEASE PRINT ALL INFORMATION BELOW.

NAME: Print your last name, first name, and middle initial.									
LAST NAME					FIRST NAME			M.I.	
PRESENT ADDRESS: Number and Street (include apartment number)									
Number and Street									
City			State or Province		ZIP or Postal Code			Country Code	
Refer to the Country Code List on the Praxis website.									
DATE OF BIRTH			SOCIAL SECURITY NUMBER (Optional)				DAYTIME TELEPHONE NUMBER		
		19							
Month	Day	Year							

Mail this completed form with your payment to:

ETS—The Praxis Series
PO Box 6051
Princeton, NJ 08541-6051

Indicate the changes you are requesting.

Test Center Date

Check the test date for which you are registered.

September 17, 2011 April 28, 2012
 November 12, 2011 June 9, 2012
 January 14, 2012 July 21, 2012
 March 10, 2012

Note: The changes you request on this form apply ONLY to the one test date you check.

TEST CENTER CHANGE (Use this section to change your test center.)									
ORIGINAL TEST CENTER (from the Test Center List on the Praxis website)									
Test Center Number		Institution				City			State or Province
NEW TEST CENTER (from the Test Center List on the Praxis website)									
Test Center Number		Institution				City			State or Province

TEST DATE CHANGE

New test date requested:

November 12, 2011 April 28, 2012
 January 14, 2012 June 9, 2012
 March 10, 2012 July 21, 2012

Note: You cannot transfer to a test date in the next testing year.

TEST CHANGE (Use this section to add or change a test.)																																		
Enter the last three digits of the codes for all the tests you now plan to take. You may take up to two 1-hour tests or one 2-hour test per session. Tests that are longer than 2 hours must be taken in Session 1. You may not take any additional tests on this test day. Refer to the Test Fees section of the Praxis website for test codes, fees, and durations.	Tests Currently Registered					Tests You Now Plan To Take																												
	Session 1 Test Codes		<table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>0</td><td> </td><td> </td><td> </td></tr> <tr><td>1</td><td>0</td><td> </td><td> </td><td> </td></tr> </table>			1	0				1	0				Test Fees \$ _____		Session 1 Test Codes		<table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>0</td><td> </td><td> </td><td> </td></tr> <tr><td>1</td><td>0</td><td> </td><td> </td><td> </td></tr> </table>			1	0				1	0				Test Fees \$ _____	
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TOTAL FEES (A) \$ _____					TOTAL FEES (B) \$ _____																													
B - A = (C) \$ _____																																		

FOR ETS USE ONLY

Waiver Code

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Voucher Amount

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FEES AND SURCHARGES	
<p>NOTE: Surcharges are applicable only for those testing at Nevada test centers, and they do not apply to PPST tests.</p>	<p>Examinees testing in Nevada test centers only: Number of tests _____ × \$ 5.00 = \$ _____</p> <p>NOTE: If changing or adding a test results in an overpayment to ETS, you will receive a refund in six to eight weeks.</p> <p>Test fees (C from above).....\$ _____</p> <p>Change fee.....\$ 45.00</p> <p>In Canada, add GST/HST and QST to total remittance.</p> <p>GST/HST Reg. #131414468 RT.....\$ _____</p> <p>QST Reg. #1087967545.....\$ _____</p> <p>Add Value Added Tax or similar taxes where applicable.*\$ _____</p> <p>AMOUNT DUE.....\$ _____</p> <p>*See the "Fees" section of the Praxis website for information about taxes.</p>

PAYMENT Please make check or money order payable to ETS—The Praxis Series. Do not send cash. Orders received without payment or with incorrect payment will be returned.

Payment enclosed American Express®
 Discover® MasterCard®
 Visa® JCB®

Cardholder's Signature

_____ / _____

Credit/Debit Card Number Expiration Date

Signature

Date