

# 2009–10 CHANGE REQUEST For Test, Test Center, and Date



**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)

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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)**

				Refer to the Country Code List on the Praxis website.
Number and Street				
City	State or Province	ZIP or Postal Code	Country Code	

DATE OF BIRTH	SOCIAL SECURITY NUMBER (Optional)	DAYTIME TELEPHONE NUMBER
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 12, 2009     April 24, 2010  
 November 14, 2009     June 12, 2010  
 January 9, 2010     July 24, 2010  
 March 13, 2010

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

**TEST DATE CHANGE**

New test date requested:

November 14, 2009     April 24, 2010  
 January 9, 2010     June 12, 2010  
 March 13, 2010     July 24, 2010

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

**FOR ETS USE ONLY**

Waiver Code

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**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

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Credit/Debit Card Number    Expiration Date

**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 CHANGE (Use this section to add or change a test.)**

Using the Test Session/Test Selection List A on the Praxis website, 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. Refer to the Test Fees section of the Praxis website.

Tests Currently Registered	Tests You Now Plan To Take																								
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**Test Fees**

\$ \_\_\_\_\_

**TOTAL FEES (A) \$** \_\_\_\_\_

**TOTAL FEES (B) \$** \_\_\_\_\_

**B - A = (C) \$** \_\_\_\_\_

**FEES AND SURCHARGES**

**NOTE:** Surcharges are applicable only for those testing at Nevada test centers, and they do not apply to PPST tests.

Examinees testing in Nevada test centers only: **NOTE: If changing or adding a test results in an overpayment to ETS, you will receive a refund in six to eight weeks.**

Number of tests	_____	× \$ 5.00 =	\$ _____
Test fees (C from above)			\$ _____
Change fee			\$ <u>45.00</u>
In Canada, add GST/HST and QST to total remittance.			
GST/HST Reg. #131414468 RT			\$ _____
QST Reg. #1087967545			\$ _____
Add Value Added Tax or similar taxes where applicable.*			\$ _____
<b>AMOUNT DUE</b>			<b>\$ _____</b>

\*See the "Fees" section of the Praxis website for information about taxes.

Signature \_\_\_\_\_

Date \_\_\_\_\_