



# REFUND REQUEST FORM

Check the appropriate box and follow the completion instructions on the reverse side of this form.

GRE®  
PO Box 6000  
Princeton, NJ 08541-6000 USA

PRAXIS®/SLS  
PO Box 6051  
Princeton, NJ 08541-6051 USA

TOEFL®  
PO Box 6151  
Princeton, NJ 08541-6151 USA

TSE®  
PO Box 6151  
Princeton, NJ 08541-6151 USA

Name of test(s) canceled: \_\_\_\_\_

Name: \_\_\_\_\_

Family Name (Surname)

Given Name

Middle Name

Address (include ZIP or postal code): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month

Day

Year

Appointment Confirmation/  
Registration Number: \_\_\_\_\_

Canceled Test Date: \_\_\_\_\_

Month

Day

Year

Candidate Number (if applicable): \_\_\_\_\_



## COMPLETING THE REFUND REQUEST FORM

A partial refund is available if the proper procedures are followed when canceling a test. Information about canceling a test, program refund policies, refund processing times, and requirements for completing this form are in the *Bulletin* for the program from which you are requesting a refund.

Check the appropriate box on the form indicating the testing program for which you are requesting a refund and send the completed form to the address shown. Refunds will be issued in U.S. dollars.

Be sure to include:

- The name of the test(s) canceled
- Your complete name
- Your address (including ZIP or postal code)
- Daytime telephone number
- Date of birth
- Appointment Confirmation/Registration number
- Canceled test date
- Candidate number (if applicable)

If applicable, return your unused admission ticket with the form.