



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 below 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.

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

If applicable, return your unused paper-based admission ticket or CBT voucher with this form.

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 (Praxis/SLS only): _____

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