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 on the website. Complete the form and send to the address listed below. Refunds will be issued in U.S. dollars.

The Praxis Series® Program
PO Box 6051
Princeton, NJ 08541-6051, USA

If applicable, return your unused admission ticket or Test Authorization Voucher with this form.

Test(s) Canceled: Test Name ________________________________ Test Code _____

Test Name ________________________________ Test Code _____

Test Name ________________________________ Test Code _____

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 (if applicable): __________________________

Canceled Test Date: __________________________

Month  Day  Year

Candidate ID Number: __________________________

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