

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

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

If applicable, return your unused Test Authorization Voucher or provide a copy of your admission ticket 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: _____