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

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

☐ PRAXIS™/SLS Programs
PO Box 6051
Princeton, NJ 08541-6051, USA

☐ TOEFL® Program
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 programs only): ____________

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