

# 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 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.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> GRE® Program<br>PO Box 6000<br>Princeton, NJ 08541-6000, USA | <input type="checkbox"/> PRAXIS™/SLS Programs<br>PO Box 6051<br>Princeton, NJ 08541-6051, USA | <input type="checkbox"/> TOEFL® Program<br>PO Box 6151<br>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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