



CHANGE OF REGISTRATION REQUEST FORM

Mail to: GACE Program
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9002

- Use this form ONLY if you wish to change (1) the test date, (2) the test area, or (3) the test(s) for which you originally registered.
- You may also change your registration on the Internet at www.gace.nesinc.com. You will be required to provide personal identification information when you submit a change of registration request on the Internet (see "Changing Your Registration").
- If you wish to change the date for **some but not all** of the tests for which you are registered, submit a Withdrawal/Refund Request Form by the late registration deadline of your original test date to delete the test(s) you wish to change. Then submit a new registration form for the test date of your choice to register for those test(s).
- This form must be received by 5:00 p.m. eastern time on the late registration deadline for the test date (or the earlier of the two test dates) indicated in Section 6 below or on the regular registration deadline if the May 2010 or July 2010 test date is indicated in Section 6 below.

1. Name

Last	First	Middle Initial

2. Address Check here if address is different from address on original registration.

P.O. Box or Street Address		
City or Town	State	ZIP Code

3. Social Security Number

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4. Date of Birth

Month	Day	Year				

5. Telephone Numbers Daytime

Area Code									

Evening

Area Code									

Complete sections 6A, 7A, and 8A regardless of the change(s) you want to make.

For sections 6B, 7B, and 8B, complete only the change(s) in registration you want to make.

6A. Test date for which you originally registered (check one):

- October 17, 2009
- January 9, 2010
- March 27, 2010
- May 8, 2010
- June 19, 2010
- July 17, 2010
- August 21, 2010

6B. New test date: If you are changing your test date, check the new date on which you wish to take the test(s) (check only one). This request will change the test date of all tests for which you are registered. Refer to "Test Selection" to ensure that the test(s) you are registered for are available on the test date you are selecting.

- | | |
|---|--|
| <input type="checkbox"/> October 17, 2009 | <input type="checkbox"/> June 19, 2010 |
| <input type="checkbox"/> January 9, 2010 | <input type="checkbox"/> July 17, 2010 |
| <input type="checkbox"/> March 27, 2010 | <input type="checkbox"/> August 21, 2010 |
| <input type="checkbox"/> May 8, 2010 | <input type="checkbox"/> Future test date* |

* Test dates for the next program year are not currently available. A voucher will be sent to you that may be used for a future test date.

7A. Test area for which you originally registered (see "Test Sites" for test area codes):

Code			Area

7B. New test area: If you are changing your test area, enter the new area at which you want to take the test(s).

Code			Area

If you are changing your test(s) in Section 8 below, review the following information:

- For test names and test codes, and test availability by test date, refer to "Test Selection." For test fees, refer to "Test Fees and Payment Policies."
- To determine permissible test combinations for a single test date, refer to the guidelines in "Test Selection."

8A. Original test selection: Indicate the test(s) for which you **originally** registered and calculate your **Original Total Test Fee**.

	Test Name	Test Code	Test Fee
1.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
2.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
3.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
4.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
5.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____

Add the fees listed above to obtain your **Original Total Test Fee**.

Original Total Test Fee: \$

8B. New test selection: If you are changing your test(s), indicate the test(s) for your **new** test selection and calculate your **New Total Test Fee**.

	Test Name	Test Code	Test Fee
1.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
2.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
3.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
4.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
5.	_____	<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____

Add the fees listed above to obtain your **New Total Test Fee**.

New Total Test Fee: \$

9A. If the New Total Test Fee is higher than the Original Total Test Fee, subtract the Original Total Test Fee from the New Total Test Fee. You must add this difference to the \$25 change of registration fee to compute the payment required in Section 9C below.

9B. If the Original Total Test Fee is higher than the New Total Test Fee, you must still submit the \$25 change of registration fee. You will receive a refund for the difference in registration fees.

9C. Total Payment Enclosed (amount calculated in Section 9A or 9B above) \$

Payment may be made by credit card (VISA or MasterCard only), personal check, cashier's check, or money order payable to **Evaluation Systems**. Do not send cash.

10. Credit Card Payment (Complete this section ONLY if you are paying by credit card.)

Change of registration fees may be paid using a credit card (VISA or MasterCard only) or a debit or check card that carries the VISA or MasterCard logo and that can be used without the entry of a personal identification number (PIN).

A. To pay by credit card, enter your credit card number in the boxes provided:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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B. Enter the expiration date on your credit card: _____
Month Year

C. Print the cardholder's name exactly as it appears on the card: _____

D. Signature for credit card: _____
 (I agree to pay the above amount according to the card issuer agreement.)

Your credit card will be billed for the amount of all services you have requested on this form, as well as any outstanding balance owed by you to Evaluation Systems, if applicable. You agree to pay for all such services and outstanding balances in the event your credit card company does not.

II. I have read the 2009–2010 GACE® Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I understand that incomplete, inaccurate, or missing information on the form may delay or jeopardize my registration. Also, I understand that this Change of Registration Request Form **must be received** by Evaluation Systems by the late registration deadline for the test date (or the earlier of the two test dates) indicated in Section 6 or by the regular registration deadline if the May 2010 or July 2010 test date is indicated in Section 6.

 Signature _____
 Date

THIS FORM WILL BE RETURNED TO YOU UNPROCESSED IF IT IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE FOR THE TEST DATE (OR THE EARLIER OF THE TWO TEST DATES) INDICATED IN SECTION 6 (OR BY THE REGULAR REGISTRATION DEADLINE IF THE MAY 2010 OR JULY 2010 TEST DATE IS INDICATED IN SECTION 6), IS NOT SIGNED, OR IS NOT ACCOMPANIED BY THE PROPER PAYMENT.