

7. **Test(s)** for which you are requesting a refund and wish to **withdraw** from your registration (see "Test Selection" for the correct test code[s]):

Test Code Test Name _____

Test Code Test Name _____

Test Code Test Name _____

Test Code Test Name _____

Test Code Test Name _____

8. I understand that this Withdrawal/Refund Request Form must be **received** by Evaluation Systems by the late registration deadline for the test date for which I am registered (or by the regular registration deadline if I am registered for the May 2010 or July 2010 test date) in order for me to receive a refund according to the guidelines presented on this form. I certify that I am the person whose name and address appear on this form.

Signature

Date

THIS FORM WILL BE RETURNED TO YOU UNPROCESSED IF IT IS NOT RECEIVED BY THE LATE REGISTRATION DEADLINE FOR THE TEST DATE INDICATED IN SECTION 6 (OR BY THE REGULAR REGISTRATION DEADLINE IF THE MAY 2010 OR JULY 2010 TEST DATE IS INDICATED IN SECTION 6) OR IF IT IS NOT SIGNED.