REFUND REQUEST FORM

ETS THE PRAXIS SERIES™

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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