



School Leadership Assessments

Withdrawal/Refund Request Form

Mail to:

NYSTCE
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9008
Fax number: 1-413-256-7088

IMPORTANT INFORMATION

Completion of this form signifies that you are withdrawing a registration. In order to withdraw your registration and receive a refund, you must complete the following steps:

- 1. If you have already scheduled your test appointment, you must first cancel your test appointment on the Pearson VUE Web site at www.pearsonvue.com/nystce. The deadline for canceling your test appointment is one business day (24 hours) before your scheduled testing time.
2. Complete this form and then mail or fax it to Evaluation Systems.
You will receive a refund of either \$145 (for withdrawing from one test) or \$340 (for withdrawing from both tests of an assessment). Your refund will be issued by Evaluation Systems within four weeks of the receipt of your request.

1. Name

Form with boxes for Last, First, and Middle Initial names.

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

Form with boxes for P.O. Box or Street Address, City or Town, State, and ZIP Code.

3. Social Security Number

Form with boxes for Social Security Number.

4. Daytime Telephone Number

Form with boxes for Daytime Telephone Number and Area Code.

5. Test(s) from which you would like to withdraw (see "Test Selection" for test codes):

Form with boxes for Test Code and Test names.

PLEASE NOTE: If your original registration was for both parts of an assessment, withdrawal of the registration will apply to both tests. You may not withdraw from or receive a refund for only one test if your original registration was for both parts of the assessment.

6. I have read the 2009-2010 NYSTCE® School Leadership Assessments Registration Bulletin, including the Rules of Test Participation, and I understand these rules and agree to be bound by their terms. I understand that in order for me to receive a partial refund according to the guidelines presented on this form, I must have canceled my test appointment, if I scheduled one, on the Pearson VUE Web site at least 24 hours in advance of the appointment. I certify that I am the person whose name and address appear on this form.

Signature

Date