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Request for Examination Re-Score

Exam Year to be Re-Scored

CCEeXAM _____
ASCeXAM _____
ReASCE _____
Advanced PTE _____
RePTE _____
Basic PTE _____

Name as Shown on Score Report: _____

ID Number: _____ Date of Birth: _____

Re-Score Fee: \$100.00 US (non-refundable)

Payment Options: Please X the method you are using

___ Check _____ Money Order

___ Visa _____ MasterCard

Name on Card: _____

Card #: _____

Exp. Date: _____

Authorized Signature: _____

Date of Request: _____