

HOW TO SUBMIT A RESCHEDULING REQUEST

Please complete the personal details and payment information below. Please note all documents and payments must be submitted by the enrolling person at least ten business days before the original exam date.

By submitting this form, the enroller agrees that:

- the original exam date and fee will be forfeited.
- AMEB (NSW) will search for a new mutually acceptable date.
- If a new date can be found, the exam fee less a 25% discount will be charged.
(see <https://www.ameb.nsw.edu.au/exams/fees-and-codes> for fees)

Please note: this rescheduling request does not apply to period-to-period transfer requests.

TO BE COMPLETED BY THE ENROLLING PERSON ONLY.

ENROLLER DETAILS

Enroller name: Enroller number:

Phone/mobile:

Email:.....

Enroller signature:

CANDIDATE DETAILS

Candidate name: Candidate number:

Subject and grade:

NOTES and DATES TO AVOID

PAYMENT DETAILS

I authorise AMEB (NSW) to charge my credit card for \$

Mastercard / VISA (please circle)

Name on card: Signature:

Card number: | | | | | CVN: Expiry date: ____ / ____