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 TEACHER / PRIVATE ENROLLER ONLY at least **ten business days** before the original examination 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 <u>https://www.ameb.nsw.edu.au/exams/</u><u>fees-and-codes#reschedule</u> for fees)

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

TO BE COMPLETED BY THE TEACHER / PRIVATE ENROLLER ONLY.

TEACHER / PRIVATE ENROLLER DETAILS

Teacher/Private Enroller Name:
Teacher/Private Enroller Number:
Phone: Mobile:
Email:
Teacher/Private Enroller Signature:
CANDIDATE DETAILS
Candidate Name: Candidate Number:
Subject and Grade:
NOTES and DATES TO AVOID
PAYMENT DETAILS (Please note requests WILL NOT be processed without the accompanying fee)
I authorise AMEB (NSW) to charge my credit card for \$ (plus 0.4% merchant interchange fee)
Master Card / VISA (Please Circle)
Name on Card: Signature: Signature:
Card Number:
Level 6, 117 Clarence Street Sydney NSW 2000 • Email: office@ameb.nsw.edu.au

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