## amebnsw

Please use this form if your exam has been scheduled but you are no longer able to attend your exam. Please refer to our transfer policy on our website www.ameb.nsw.edu.au if you would like to enquire about rescheduling your exam.

Please return the completed form by post or email.

## CANDIDATE DETAILS

Candidate Name:	Candidate Number:
Subject:	Grade:
Scheduled Exam Date:	Time:

## NOTIFIER

Name:	Phone Number:	
Email:		
$\Box$ I am the enrolling person. My teacher/enroller number is:		
$\Box$ I am the parent/candidate. I have informed the enrolling person		

Please let the examiner know that the above candidate is unable to attend their exam. I have read the withdrawal policy on the website at www.ameb.nsw.edu.au and understand that there is no refund available for examinations that have already been scheduled.

			,
Signature:	Date:/	′/	′