

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 www.ameb.nsw.edu.au for exam fees)

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

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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:

Card Number: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Expiry date: ___ / ___