



2002-2003 INTERNATIONAL TEST SCHEDULING FORM

Do NOT use this form if you plan to test in the United States, Canada, American Samoa, Guam, U.S. Virgin Islands, or Puerto Rico.

See the back of this form for instructions. Mail or fax your completed form to the Regional Registration Center (RRC) for the country in which you plan to test (see pages 21-25). Do not send this form to ETS.

Please print all information clearly in English characters. DO NOT include accent marks or any other special characters. Use black ink to complete the form.

FOR OFFICE USE ONLY:

Confirmation No.: _____ Remittance No.: _____ Test Date: _____ Test Time: _____ Test Center: _____

Specify 5 dates in order of preference and test center location(s).

Test Center:	First choice	<input type="text"/>	Second choice	<input type="text"/>
		Test Center Number	City name of test center	Test Center Number
Test Date (MM/DD):	1st choice	2nd choice	3rd choice	4th choice
for example, May 21 =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM - DD	MM - DD	MM - DD	MM - DD
				5th choice
				<input type="text"/>
				MM - DD

First (Given) Name (as on photo ID document): Middle Initial

Last (Family/Surname) Name (as on photo ID document):

Address Line 1:

Address Line 2:

City:

Country:

Work Phone/Mobile Phone (Include Country & City Code): Postal Code:

Home Phone (Include Country & City Code):

Fax Phone:

Email Address:

Date of Birth (MM-DD-YYYY):

Passport Number (national certificate of citizenship or national ID card):

I am registering for (check appropriate box(es))
 General Test Writing Assessment

Payment Method (Fill in one circle)

Type of Currency: _____ Amount Enclosed: _____

NOTE: Bank checks, personal checks, Eurochecks, and money orders must be payable to ETS-GRE. See back cover of the Bulletin for acceptable currencies.

- Bank Check/Personal Check (enclosed)
- Eurocheck - Europe only (enclosed)
- Money Order - (enclosed)
- UNESCO Coupons (enclosed)
- Voucher Number
- VISA®
- MasterCard®
- American Express®

Credit Card Expiration Date: (MM-YY)

Card Holder Name:

I hereby agree to the general conditions set forth in the 2002-2003 GRE Information and Registration Bulletin, and I agree to the policies and procedures related to computerized testing, specifically those concerning test administration, payment of fees, and reporting of scores. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: _____ Date: _____



Instructions for Completing the International Test Scheduling Form

IMPORTANT: If the form is not properly filled out (contains incomplete information, unclear letters, or non-English characters), it MAY cause a delay in processing your registration and appointment request. Please read the instructions carefully.

Completing the Form

- Use black ink.
- The name you enter on the form **MUST** match the name on the identification document you will present at the test center. See "Identification Requirements" below.

Payment Information

- Fax or mail this form if you are paying with a credit card or supplying a voucher number.
- Mail this form if you are paying with a check or other physical payment method.
- See the back cover of the *Bulletin* for a list of acceptable currencies.
- If you do not submit payment with this form, your test appointment will not be made.

Test Date and Center Information

Note: The GRE General Test and Writing Assessment are not given every day at all test centers (**the Writing Assessment is available only until December 31, 2002**). Contact your Regional Registration Center (RRC) for the latest information (see pages 21-25 in the *Bulletin*).

- Indicate your first 5 test date choices by month (MM) and day (DD); for example, May 21 would be listed as 05/21.
- Fill in the number of the test center where you want to test.
- Write the name of the city where the test center is located.
- A second-choice test center may also be indicated.

Submitting This Form

By Mail

- If requesting an appointment at a permanent test center, the appropriate RRC must receive this form **AT LEAST 3 WEEKS PRIOR TO YOUR FIRST-CHOICE TEST DATE**.
- Be sure to include proper payment with this form.
- RRC mailing addresses are on page 21 of the *Bulletin*.

By Fax

- If requesting an appointment at a permanent test center, the appropriate RRC must receive this form **AT LEAST 7 DAYS PRIOR TO YOUR FIRST-CHOICE TEST DATE**.
- Be sure to include your credit card number or voucher number on this form.
- RRC fax numbers are on page 21 of the *Bulletin*.

Scheduling Process

- The RRC will try to schedule your first-choice test date, then your second-, third-, fourth-, or fifth-choice test date in chronological order at your first-choice test center.
- If you select a second-choice test center and the RRC is unable to schedule you at your first-choice center, the RRC will try to schedule your first-choice, then second-, third-, fourth-, or fifth-choice test date at your second-choice test center.
- If none of the test dates requested are available, the RRC will try to schedule you for a test date close to one of your choices.
- If you have a problem with the appointment scheduled for you, contact your RRC.

Retaking the Test

- You may take the computer-based General Test once per calendar month up to 5 times in a 12-month period.

Identification (ID) Requirements

- Be sure that the name you provide for registration matches the VALID ID you will present on the day of the test (see page 13 in the *Bulletin*).
- If you fail to present the correct ID or if your name does not match the registration and ID, you will be **TURNE**D AWAY from the test center.

Confirmation Letter

- If you do not receive confirmation of your appointment by email, fax or mail, you must call the RRC **AT LEAST 3 BUSINESS DAYS PRIOR TO YOUR FIRST-CHOICE TEST DATE**.
- If you miss your appointment and did not call the RRC, your test fee will not be refunded.