

Reprocessing Form - CTPC and CTCM

Complete the fields below. Submit according to contact information below.
Please write legibly, complete all sections, signature required for agreement.
Incomplete forms will not be processed.

APPLICANT INFORMATION - PRINT OR TYPE

Name:			
Last	First	M.I.	
Address:			
Street			Apt. #
City		State	ZIP
Email:			
Phone: ()			

PAYMENT

<input type="checkbox"/> Check: Payable to The University of Texas at Austin.
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX
Name on Card
Account Number
Expiration Date
Authorized Signature
<input type="checkbox"/> Purchase Order: (New PO or additional funds added to a previous PO are acceptable. PO must be attached with reprocessing form to be complete.)

Reprocessing Request - \$50 fee: (Please select from one of the following options below)

Extension: One-time allowance of 60 additional days from the date of processing.

Change of Test Site:

Proctor Name & Title:

Facility Name:

Facility Address:

Street

City

State

ZIP

Phone Number:

Email:

Change of Exam Type:

CTCM

CTPC

AGREEMENT

In submitting this reprocessing form, I agree to abide by the policies governing Testing and Evaluation Services and The University of Texas at Austin.

APPLICANT SIGNATURE

DATE

CONTACT INFORMATION

Mail:

UT Testing Center-Dev
P.O. Box 7700
Austin, TX 78713-7700

Physical Address:

UT Testing Center-Dev
Development Office Bldg.
2901 North IH-35, Suite 1.400
Austin, Texas 78722

Email:

Scan and send as an email to
testingcenter@austin.utexas.edu

Phone:

(512) 471-0222

Fax:

(512) 475-7933