

# Prometric Refund Request Form

**Testing Program: Special Enrollment Examination**

**Test Number: SEE**

**Reference Number (Prometric use only): \_\_\_\_\_**

*Please complete each of the following fields*

First Name		Last Name	
Address Line 1		Address Line 2/Apartment	
City and State		Zip Code	
Country (if other than United States)		Amount of Refund	\$
Daytime Phone Number	( ) -	Evening Phone Number	( ) -
Confirmation Number		Date of This Request	

*Please explain the reason a refund is requested:*

**Submit the completed Refund Request Form to Prometric at:**

Prometric Operations Center  
Attn: Refund Committee  
7941 Corporate Drive  
Nottingham, MD 21236  
Or by fax to 1-800-853-6781

Prometric will respond to refund requests within ten business days after receipt.