



WITHDRAWAL/REFUND REQUEST FORM

Mail to: WEST Program
Evaluation Systems
Pearson
P.O. Box 340460
Sacramento, CA 95834-0460
Fax Number: (916) 928-6110

IMPORTANT INFORMATION

- Completion of this form signifies that you are withdrawing your WEST registration for the test(s) and test date indicated.
Withdrawal/Refund Request Forms may also be completed and submitted on the Internet at the WEST Web site at www.west.nesinc.com.
This form must be received by the late registration deadline for the test date from which you are withdrawing. No refunds will be issued for Withdrawal/Refund Request Forms that are received after the late registration deadline.
You will receive a refund of \$25 for each WEST-B® subtest from which you withdraw.
You will receive a refund of \$40 for each WEST-E™ subtest from which you withdraw, or if you withdraw from the WEST-E™ Designated World Languages (100) test.
You will receive a refund of \$80 for each WEST-E™ test from which you withdraw (except for Designated World Languages [100]).
The registration processing fee and the late registration fee (if applicable) will not be refunded.

1. Social Security Number

Grid for Social Security Number

2. Date of Birth

Grid for Date of Birth with labels: Month, Day, Year

3. Name

Grids for Last, First, and Middle Initial names

4. Address [ ] Check here if this address is different from the one on your original registration.

Grid for P.O. Box or Street Address

P.O. Box or Street Address

Grids for City or Town, State, and ZIP Code

City or Town

State

ZIP Code

5. Test date for which you are registered:

- September 12, 2009 (Withdrawal deadline is August 21, 2009.)
November 14, 2009 (Withdrawal deadline is October 23, 2009.)
January 9, 2010 (Withdrawal deadline is December 18, 2009.)
February 27, 2010 (Withdrawal deadline is February 5, 2010.)
April 17, 2010 (Withdrawal deadline is March 26, 2010.)
June 5, 2010 (Withdrawal deadline is May 14, 2010.)
July 24, 2010 (Withdrawal deadline is July 2, 2010.)

6. Test(s) from which you are withdrawing and for which you are requesting a refund (see “Test Selection” for test codes):

Test Code	Test/Subtest Name
<input type="text"/> <input type="text"/> <input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/>	_____

7. I have read the 2009-2010 WEST Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I understand that this form must be **received** no later than the late registration deadline for the test date for which I originally registered in order for me to receive a refund of test fees according to the guidelines presented on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF THIS FORM IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE OR IS NOT SIGNED, IT WILL BE RETURNED TO YOU UNPROCESSED.**

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Evaluation Systems, Pearson, P.O. Box 226, Amherst, MA 01004

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