NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®
sponsored by the National Society of Professional Engineers
1420 King Street, Alexandria, Virginia 22314-2794
888-476-4238 or 703-548-1518
www.nicet.org

Exam Rescheduling Request Form

Use this form to reschedule your NICET exam. Depending on how far in advance you submit this form, you may have to pay a rescheduling fee.

Name: _____ _____
Print Your Name Social Security Number

I would like to reschedule my exam from: _____ at _____
month/day/year test center code

to: _____ at _____
month/day/year test center code

An exam can only be rescheduled twice (2) from the initially scheduled test date. The rescheduled exam must be taken with 8 months of the initially scheduled test date or all fees paid will be forfeited.

If you send this form to NICET <u>at least 19 days</u> before the originally scheduled test date, no fee is required. You should fax this form to 703-682-2756 or mail to:

NICET Exam Rescheduling
1420 King Street
Alexandria, VA 22314 – 2794

If you are notifying NICET from 18 days or fewer before the originally scheduled test date up to 5 business days afterward, you <u>must</u>:

(1) Call 888-476-4238 (703-548-1518) ext 115 and provide the staff person with your name and the originally scheduled test center code number and date (found at the top right of your confirmation notice). If no one is available to take your call, you should leave a voicemail at ext 115.
(2) Mail this form (postmarked by the 5th business day after the originally scheduled exam date) with a check for the payment of the Exam Rescheduling Fee. (The fee amount can be found at www.nicet.org/certification/fees.htm.) Mail to:

NICET Exam Rescheduling
c/o Bank of America
Dept 0037
Washington, DC 20055

If you fail to notify NICET within five business days after the test date, **your exam will be canceled and all fees paid will be forfeited**. To test, you must submit a new application and another full examination fee.

I certify have read and understood the instructions for this rescheduling form <u>and I accept the conditions</u> set forth in.

_____ _____
Signature ***Date***

Your signature and the date must appear above; otherwise this application will not be accepted.

05/05