

## Reprocessing Form - CTCD 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

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

### PAYMENT

<input type="checkbox"/> <b>Check:</b> Payable to The University of Texas at Austin.
<input type="checkbox"/> <b>Credit Card:</b> <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX
<b>Name on Card</b>
<b>Account Number</b>
<b>Expiration Date</b>
<b>Authorized Signature</b>
<input type="checkbox"/> <b>Purchase Order:</b> (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

CTCD

### 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 7246  
Austin, TX 78713-7246

**Physical Address:**

UT Testing Center  
1912 Speedway  
Sanchez Building 5.102  
Austin, Texas 78712

**Email:**

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

**Phone:**

(512) 471-0222

**Fax:**

(512) 475-7933