REQUEST FOR REFUND FROM SYDNEY COLLEGE OF ENGLISH CAMBRIDGE TEST CENTRE

NB: Once an enrolment has been submitted, we can only consider a refund in an emergency or medical situation with supporting documentation.

I request a partial/total refund from SCE Cambridge Test Centre

Name:	
Exam:	Session:
When did you bo	ook for this test?
Who did you boo	ok through: School/College or Individual Booking? (please
circle) Name of S	School/College?
Do you have a r	eceipt of how much you paid? YES/NO
Are you claiming	g a partial or full refund?
	asons fro your request for a partial/total refund from this session ge Test from SCE Cambridge Test Centre?
Have you any do	ocumentation to attach to this request?
	YES or NO?
supporting dod	e documentation (<i>receipt; doctor's certificate, any other cuments</i>) to this request form. Please make sure that you make each document in case of loss.
Office Use Only	y
1. Have all the do	cumentation been cited? YES or NO
2. Have the reaso	ns been given supported by the documentation presented? YES or NO
3. Do you conside	r a partial/total refund is appropriate? YES or NO
Please issue a p	artial/total refund to the person on this request
	(SCE Cambridge Examination Manager)
Data Issuad:	Referred to Accounts Dent On: