

## **TEST APPEAL AND RE-SCORE REQUEST FORM**

## IMPORTANT NOTE: Re-score requests must be made by email, within 20 business days of the date you received your Unofficial Score Report.

REQUEST DATE				CELBAN ID # (if available)
Day:	Month:		Year:	
TEST DATE				TEST SITE
Day: Month:		Year:		
FAMILY (LAST) NAME				
GIVEN (FIRST) NAME				
DATE OF BIRTH				
DAY:		MONTH:		YEAR:
Request details				
☐ Please review the score on my CELBAN <sup>TM</sup> Speaking Test (\$75.00)				
☐ Please review the score on my CELBAN <sup>TM</sup> Writing Test (\$75.00)				
☐ Please review the score on my CELBAN <sup>™</sup> Reading Test (\$25.00)				
☐ Please review the score on my CELBAN <sup>TM</sup> Listening Test (\$25.00)				
PLEASE DESCRIBE THE REASON FOR YOUR REQUEST				
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## **Your Contact Information** STREET NUMBER STREET NAME APARTMENT/SUITE CITY PROVINCE/TERRITORY POSTAL CODE TELEPHONE **EMAIL Payment Information** All fees are to be paid online via PayPal. You will be sent a PayPal invoice to the email address specified on this request form. Please verify your request: **TOTAL FEES** ☐ Speaking Test (\$75.00) ☐ Writing Test (\$25.00) ☐ Listening Test (\$25.00) ☐ Reading Test (\$75.00) TOTAL: \$\_

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> Please e-mail this form to: The CELBAN Centre

Email: celban@tsin.ca



Subject line: TEST RE-SCORE REQUEST

IN ORDER TO ENSURE ACCURATE, EFFICIENT AND FAIR SERVICE, TEST RE-SCORE REQUESTS WILL ONLY BE ACCEPTED IN WRITING. NO TELEPHONE REQUESTS PLEASE.