#### **♦GRE GENERAL REIMBURSEMENT REQUEST**

DANTES Form 1560/49

(Revised July 2013: All previous editions are obsolete)

# Reimbursement is <u>not</u> authorized without a copy of the <u>official</u> "GRE Examinee Score Report"

1: Appli	cant Information		
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	5. SSN:		
	7. Command:		
only one):			
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l: Evamin	nation Information		
RE General			
	<u>.</u>		
3. Taken at: City: State/County:			
ation only): \$			
cheduling, car est, or travel ex	ancellation, late arrival, or forfeiture expenses are not reimbursable		
of the <u>officia</u>	al "GRE Examinee Score report."		
III: Exam	inee Certification		
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SECTION IV: Reimbursement Process			
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1. Credit card:			
Only the account the GRE General test fee was charged to will be credited. Please check on of the following:			
Master Card			
Credit card number:			
Expiration Date (Month/Year):/			
2. Check or voucher:			
If you paid the GRE General test fee by voucher or check, you			
will be reimbursed via check from Prometric.			
The address in Section I: Block 2 <u>must be valid for 90 days</u> .			
Submit completed form with a copy of the <u>official</u> "GRE Examinee Score Report" to:			
Prometric 7941 Corporate Drive			
Nottingham, MD 21236			

#### **IMPORTANT**

Read the *Privacy Act Statement* on the instructions included with this form.

SECTION V: DANTES (	Official	Certification
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# **Cannot be certified by Prometric Test Center Personnel**

**DANTES Official Only:** 

- I certify that I am the DANTES Test Control Officer (TCO) or ATCO.
- I have verified that the Service member has a current "Geneva Conventions" Identification Card and meets the GRE General eligibility requirements as stated in the DANTES Examination Program Handbook (DEPH)

eligibility requirements as stated in the <i>DANTES Examination Program Handbook</i> (DEPH).
Print name:
Signature:
Date (MM/DD/YY):
Commercial duty phone: ( )
DANTES Test Site address:
DANTES Test Site ID Number:

#### Data Required by the Privacy Act of 1974 (5 U.S.C. 552a) Authority: 5 U.S.C. 301

**Note**: This Privacy Act Statement applies to all information on this form.

- a. **PURPOSE**: To authorize reimbursement of the GRE General administered at National Test Centers.
- b. **ROUTINE USE**: Use of the Social Security Number is necessary to make positive identification of an individual's record.
- c. MANDATORY OR VOLUNTARY DISCLOSURE AND RESULT OF FAILURE TO PROVIDE INFORMATION: Disclosure of all information, including Social Security Number is voluntary. Failure to provide all information listed on the form will complicate, delay, or possibly prevent the administrative actions necessary for reimbursement.

# Instructions for using the GRE General Reimbursement Request Form

# **DANTES Test Control Officer**

Please refer to the *DANTES Examination Program Handbook* (DEPH) GRE Chapter 7, for reimbursement responsibilities and instructions.

#### Examinee

- Contact the nearest DANTES Test Site\* after receiving the <u>official</u> "GRE Examinee Score report" (approximately <u>2 weeks</u> after testing or longer for overseas administrations).
- Complete each section of the GRE General Reimbursement Request Form 1560/49.
- Ensure a DANTES TCO/ATCO (not Prometric test center personnel) completes and signs Section V.
- Submit within 90 days of taking the GRE General.

### **Credit Card Payment:**

Prometric issues the credit to the examinee's credit card account.

- Credit card information in Section IV must be the same as the card initially charged.
- Allow 2 monthly billing cycles AFTER the form is received at Prometric for the credit to appear.

# Examinees should not inquire about the status of their reimbursement until:

- After the appropriate waiting period of 8 weeks,
- And contacting their credit card company.

\*For DANTES Test Control Officers and locations, email DANTES at **exams@navy.mil** or call (850) 452-1111 x 3245.

This form is no longer available through the DANTES Distribution Center. Download the printable version from the DANTES Web site at: http://www.dantes.doded.mil/Programs/Exams\_GRE.html