◆GRE GENERAL ◆REIMBURSEMENT REQUEST DANTES Form 1560/49 (Revised Dec 09: All previous editions are obsolete)

Reimbursement is <u>not</u> authorized without a copy of the "OFFICIAL" GRE Report of Scores

	SECTIO	N I: App	blicant Information	SECTION III: Examination Information	
1. 1	Name: (Last, First, N	A.I.)		1. May be used for the <u>GRE General</u> exam only.	
				2. Date administered: (MM/DD/YY)	
2. 1	Mailing address: (print)		3. Tested at: City: State/Country:	
-				4. Test fee: (one administration only) \$	
-	(city) (state)			Note: Expenses such as rescheduling, cancellation, late arri or forfeiture fees, credit card interest, or travel expenses are reimbursable.	
3. CML home phone: ()				 Attach a legible copy of the "<u>OFFICIAL</u>" GRE Report of Scores. 	
4. F	Rank:		5. SSN:		
6. E	DOB: (MM/DD/YY)		7. Unit assignment:	SECTION IV: Information Certification	
				Examinee:	
8. I	f Active Duty: (cho	oose only o	ne)	 I agree to seek reimbursement within 90 days of the GRE General test date. 	
0	O Army	O Navy	O Air Force	 I certify this is my first DANTES-funded GRE General 	
0	O Marine Corps		O Coast Guard	administration and understand this includes paper-base administrations previously offered at DANTES Test Cen or computer-based versions of the exam.	
9. I	9. If National Guard/Reserve: (choose only one)			I further certify my current "Geneva Conventions"	
	Guard	O Army	O Air Guard	Identification Card will not expire before I take the GRE General exam.	
	<u>Reserve</u>	O Army O Navy	O Air Force O Marine Corps	Signature:	
		O Coas		Date: (MM/DD/YY)	
	SECTION	II: Reim	bursement Process	CML duty phone:	
	Credit card:			CANNOT be certified by Prometric	
			eneral test fee was charged to k one of the following:	<u>Test Center personnel</u> ®	
0	O Master Card	O Visa	O American Express	DANTES Official Only: I certify that I am the DANTES Test Control Officer	
	Credit card number			(TCO) or Alternate TCO.	
Expiration date (<i>Month /Year</i>):/ 2. <u>Check or voucher:</u> If you paid the GRE General test fee by voucher or check,				 I have verified that the above Service member has a cur "Geneva Conventions" Identification Card and meets the GRE General eligibility requirements as stated in the DANTES Examination Program Handbook. 	
)	ou will be reimbur	sed via ch ction I: Blo	eck from Prometric. ck 2 <u>must be valid for 90 days</u> .		
	Submit completed GRE Report of Sc		h a copy of the "OFFICIAL"	Print name: Signature:	
	Prometric			Date: (MM/DD/YY)	
	1260 Ene	rgy Lar	ne	CML duty phone: ()	
	ST. Paul, M	N 55108		DANTES Test Center address:	
		IMPO	RTANT		
	Road the Pr	ivacy A	ct Statement on the		
		-	ided with this form	DANTES Test Center 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	Examinee
Please refer to the DANTES Examination Program Handbook GRE Chapter 7, pages II-7-7 through II- 7-9 for reimbursement responsibilities and instructions.	 Contact the nearest DANTES Test Center* after receiving the <i>OFFICIAL</i> GRE Report of Scores (approximately 2 weeks after testing or longer for overseas administrations). Complete each section of the GRE General Reimbursement Request DANTES Form 1560/49. Ensure a DANTES TCO/ATCO (not PrometricTest Center personnel) completes and signs Section IV. 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 II 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 Center locations and contact information, please visit the DANTES Home page at: http://www.dantes.doded.mil/dantes_web/apps/testce nters/TestCenterLookup.asp. Only enter information in the [state] field for a complete listing.

This form is no longer available through the DANTES Distribution Center. Download the printable version from the DANTES Web site at: <u>http://www.dantes.doded.mil/dantes_web/examinations/GRE.htm</u>.