



REQUEST FOR PARTIAL REFUND

Please review the Withdrawal Policy on the NBEO website prior to submitting this form. Per Section 3(b), if a candidate reschedules, cancels or does not take the examination because of circumstances beyond their control, then NBEO in its sole discretion may refund the examination fee minus a 20% service fee.

CURRENT INFORMATION

Date: _____

OE Tracker #: _____

First Name: _____

Daytime Phone Number: _____

Last Name: _____

Email: _____

Date of Test Cancellation: _____

Rescheduled Test Date: _____
(if applicable)

List of NBEO exam(s) canceled/rescheduled:

Reason for Request (Be very specific and include details).

List of attached Third Party Documentation:

(i.e. airline documentation regarding flight issues, hospital or doctor's office documentation, etc.)

I attest that the information contained in this request form is true, accurate and complete and understand that any falsification, omission or concealment of material fact may be a violation of the Candidate Exam Conduct and Exam Security Agreement.

Signature: _____

**COMPLETE THIS FORM WITHIN 15 DAYS OF ORIGINAL EXAM DATE AND
RETURN TO NBEO AT NBEOREGISTRAR@OPTOMETRY.ORG.**