

DO NOT WRITE IN THIS AREA					
YY	MM	DD			

APPLICATION TO WRITE GED® TESTS

This form must be completed in full to be processed

Please print your personal information clearly in the spaces provided on this form

Social Insurance Number				Birthdate YYYY/MM/DD		Age	Last Grade Completed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal Last Name			Legal First Name			Legal Middle Name			
Apt #	P.O. Box or Street Address				City		Province BC	Postal Code	
Phone (Home) (Area Code)				Phone (Business) (Area Code)					

I am applying to write the five tests for the first time
 to rewrite the following test(s)

- Language Arts, Writing
- Social Studies
- Science
- Language Arts, Reading
- Mathematics

In addition, I am requesting to write a SPECIAL EDITION of the test

- Audiocassette
- Braille

French Version

Testing or retesting may only be done THREE times in the GED® testing year.

You must rewrite any test where your standard score is less than 450. If you received a passing score on a test, but an employer or educational institution verifies that a higher score is needed, you may rewrite the test. Written documentation is required from the employer or education institution.

I wrote the original tests (give date)

To write a special edition of the test or to receive an accommodation (e.g., extended time, private room, frequent breaks) because of a physical, psychological or learning disability, you need to complete the Request for Special Accommodations of Standard GED® Test Administration Form, available at:

<http://www.bced.gov.bc.ca/ged/gedspecialaccom.htm> or your local college

Submit the special accommodations form with this application form, fees and documentation from a qualified professional at least six weeks prior to the test date.

FEES

A **NON-REFUNDABLE** fee must be paid by cheque, money order, Visa, or MasterCard. Please see fee schedule below. An NSF cheque will result in a \$30.00 charge, and your test mark(s) will be held until a replacement payment has been received and cleared.

- \$60.00 Write/Rewrite all Five (5) GED® tests
- \$55.00 Rewrite Four (4) GED® tests
- \$50.00 Rewrite Three (3) GED® tests
- \$45.00 Rewrite Two (2) GED® tests
- \$40.00 Rewrite One (1) GED® test

Your fee payment **MUST** accompany your application. If it is not sent with your application, you will not be registered.

Please check applicable box for number of tests to write/rewrite.

Fee paid by VISA MASTERCARD CHEQUE MONEY ORDER

DEBIT CARDS ARE NOT ACCEPTED

IMPORTANT: Make your cheque or money order payable to the Minister of Finance. **Postdated** cheques will not be accepted.

Name of Cardholder (print)

Signature of Cardholder

X

Card Number

Expiry Date

MM	YY

Please Note: The credit card information provided on this form will not be retained.

Upon authorization of the payment request all credit card information will be destroyed. This form will not be accepted via email.

CHOICE OF GED® TESTING CENTRE (Refer to <http://www.bced.gov.bc.ca/ged/> for testing locations).

NAME OF TESTING CENTRE (REGIONAL COLLEGE)	CITY	TESTING DATE YYYY/MM/DD		
Location				
Have you previously registered for or written GED® tests? <input type="checkbox"/> NO <input type="checkbox"/> YES. Give city and date of writing				

PROOF OF IDENTITY **IMPORTANT:** When you arrive to write your test, you must present **PHOTO IDENTIFICATION**, e.g., your driver's licence or passport. A photocopy will **NOT** be accepted.

Personal information requested on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, Section 26 (c). This information will be used to process your application for write GED® tests and for issuing transcripts and certificates. Personal information collected on this form is subject to the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. For more information about the collection of this information, please contact:

Dianne Myers
Ministry of Education
PO Box 9886 STN PROV GOVT
Victoria BC V8W 9T6
Phone: 250-356-7270

Reason for writing the GED® tests : Mark (X) **one** only.

- Qualify for advancement in present job Further schooling beyond secondary school
 Seeking employment Other (specify)

Ethnic Background: Mark (X) **one** only.

- British Asian
 French Aboriginal
 Other European Other (multiracial)

I certify that, to the best of my knowledge, the information I have supplied above is correct and that I meet **ALL** of the following requirements:

- I am a Canadian Citizen or landed immigrant. I have not received a Grade 12 graduation certificate from any institution.
 I am a resident of British Columbia. I will be at least eighteen years of age on the date of the tests.

GED® TESTING SERVICE STATEMENT ON RESPONSIBILITIES OF TEST TAKERS AND OWNERSHIP OF TESTS, SCORES AND DATA

The American Council on Education owns the GED® Tests, the questions, and answers. If you are taking the GED® Tests, you must agree to keep the questions and answers secret. You may not get any help from anyone except the GED® Examiner. You must return all tests and other items to the GED® Examiner at the end of your test. You must not disclose test questions to anyone. If you do, it may be a violation of law, and you may be prosecuted and your test scores may be cancelled. The places that give the GED® Tests may use GED® testing information and may share that information with GED® Testing Service.

GED® TESTING SERVICE PRIVACY POLICY

GED® Testing Service understands that some information about you is private, such as, your name, address, ID number, date of birth and test scores. GED Testing Service will not give out the private information without your permission.

You can tell GED® Testing Service whether or not GED Testing Service may contact you for follow-up research.

GED® Testing Service does allow some research about the GED® Tests and test-takers but does not allow your private information to be identified in the research. Sometimes the law requires GED® Testing Service to provide private information, and sometimes GED® Testing Service has to investigate fraud or other violations using some private information.

The place where you take the GED® Tests also has some rights to your private information. Errors can occur, but GED® Testing Service tries its best to protect your private information. You may ask questions about the GED® Testing Service policies at:

ged@ace.nche.edu or 202-939-9490

SEND YOUR APPLICATION TO:

Mailing address:

GED Testing Service
Ministry of Education
PO BOX 9886 STN PROV GOVT
VICTORIA B.C. V8W 9T6

Courier address:

GED Testing Service
Ministry of Education
3rd Floor, 620 Superior Street
VICTORIA B.C. V8V 1V2
Phone: (250) 356-7270

By Fax:

(Payments to be made by **Visa or Mastercard ONLY**)
Fax: (250) 356-0271

CANDIDATE VERIFICATION

Applicant's signature is mandatory.

The GED Testing Service in Washington DC may contact me for follow-up research.

- YES NO

I hereby verify that the information contained on this form is accurate and that I have met the eligibility requirements for the GED Tests.

I have read and agree to comply with all GED® testing policies, including those relating to examinee responsibilities and privacy.

APPLICANT'S SIGNATURE ONLY

PLEASE NOTE: Candidates who register for a specific session and who are unable to write at the session for personal reasons must submit a transfer form (available at the college or website listed above) to the Ministry AT LEAST TWO (2) WEEKS BEFORE the testing date so that their tests can be rescheduled to the next sitting. Requests for transfer on less than two weeks notice will be considered on an individual basis. (In most cases, applicants will have to re-register and submit an additional registration fee.)

Test results will be available APPROXIMATELY THREE (3) WEEKS after the testing date.

G.S.T. Registration Number: R107864738