

GENERAL EDUCATIONAL DEVELOPMENT TESTING SERVICE OF BRITISH COLUMBIA

TEST SESSION TRANSFER FORM

If you wish to transfer from the testing session you are currently registered in, to another session date, please use this form. The GED Testing Service will only consider requests to transfer sessions if they are made using this form.

You will be permitted to transfer, *one time only, free-of-charge*.

If you are unable to write at the session to which you have transferred, you will be requested to submit a new application form and the full testing fee. A second transfer will not be approved under any circumstances.

SOCIAL INSURANCE NUMBER: _____

NAME: _____

TESTING DATE SCHEDULED FOR: _____

NEW TESTING DATE REQUESTED: _____

REASON FOR RESCHEDULING: _____

COLLEGE (Testing Centre): _____

CANDIDATE'S SIGNATURE ONLY: _____

Please return the fully completed form to the Ministry of Education at the mailing address or fax number below.

Requests must be received at least two weeks before the scheduled testing session. Transfers on less than two weeks notice will be considered on an individual basis.