

Massachusetts Vocational Technical Teacher Testing Program

Greater Lowell Technical High School . Teacher Testing Program
250 Pawtucket Boulevard, Tyngsboro, Massachusetts 01879-2199
Telephone: (978) 441-4946 . Fax: (978) 441-4893

Email: techteachtest@gltech.org . Website: www.gltech.org/TeacherTesting.htm

2018-2019 Withdrawal/Refund Request Form

Use this form if you have already registered and wish to withdraw from one of the exams for which you have registered or if you wish to withdraw your registration entirely. Please refer to page 13 of the Candidate Handbook for additional information.

Important Information:

In order for you to receive a partial refund, your Withdrawal/Refund Request Form must be received by the dates listed below.

- You will receive a partial refund for your registered exam (your exam fee minus the \$25.00 refund fee)
- You will **NOT** receive any refund for late registrations.
- You will **NOT** receive any refund for exams in which you were absent.

SOCIAL SECURITY #: _____ - _____ - _____

FIRST NAME: _____ MI: _____ LAST NAME: _____

STREET ADDRESS: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ - _____ DAYTIME TELEPHONE #: (____) _____ - _____

E-MAIL: _____ FAX #: (____) _____ - _____

***Please provide a current E-mail address. The Program may need to send important testing information via E-mail.*

Written Exams

<u>Test Date</u>	<u>Withdrawal Request Must be Received by:</u>
____ August 11, 2018	August 3, 2018
____ September 8, 2018	August 31, 2018
____ December 1, 2018	November 21, 2018
____ *January 12, 2019	January 4, 2019
____ February 0, 2019	February 1, 2019
____ March 9, 2019	March 1, 2019
____ June 22, 2019	June 14, 2019

Performance Exams

<u>Test Date</u>	<u>Withdrawal Request Must be Received by:</u>
____ October 2018	September 21, 2018
____ May 2019	March 27, 2019

I state the following under the pains and penalties of perjury. I have read the 2018-2019 Vocational Technical Teacher Testing Program Candidate Handbook and hereby agree to abide by the Exam Rules and Regulations set forth in the Candidate Handbook, and I certify that I am the person whose name and address appear on this form. I understand that this form must be received no later than the late registration deadline for the test date for which I had originally registered in order for me to receive a partial refund according to the guidelines presented on this form.

Signature

Date