

DANTES GRE General/GMAT Reimbursement Form

SECTION I: APPLICANT INFORMATION	SECTION III: EXAMINATION INFORMATION
1. Name: (Last, First, M.I.) _____	1. Examination taken (mark only one): <input type="radio"/> GRE General <input type="radio"/> GMAT
2. Rank: _____	2. Date administered: (MM/DD/YY) _____
3. SSN: _____	3. Tested at: City: _____ State/Country: _____
4. DOB: (MM/DD/YY) _____	4. Test Fee: \$ _____ Note: Expenses such as rescheduling, cancellation, late arrival, or forfeiture fees; credit card interest, or travel expenses are not reimbursable.
5. Unit Assignment: _____	5. Attach a legible copy of the GRE General or GMAT Test Score Report. (Reimbursement is not authorized without this report.)
6. If Active Duty: (choose one) <input type="radio"/> Army <input type="radio"/> Navy <input type="radio"/> Air Force <input type="radio"/> Marine Corps <input type="radio"/> Coast Guard	SECTION IV: CERTIFICATION
7. If National Guard/Reserve (choose one) Guard <input type="radio"/> Army <input type="radio"/> Air Guard Reserve <input type="radio"/> Army <input type="radio"/> Air Force <input type="radio"/> Navy <input type="radio"/> Marine Corps <input type="radio"/> Coast Guard	Examinee I certify this is my first DANTES-funded GRE General or GMAT administration. I understand this includes paper and pencil administrations previously offered at DANTES Test Centers or computer-based versions of the GRE General/GMAT. I further certify my current military eligibility status will not expire before I take the GRE General/GMAT. Signature: _____ Date: (MM/DD/YY) _____ Commercial Duty Phone: () _____ - _____
SECTION II: REIMBURSEMENT OPTION	SECTION IV: CERTIFICATION
1. If you charged the CBT GRE General or GMAT test fee to a credit card, your account will be credited. Please indicate one: <input type="radio"/> MasterCard <input type="radio"/> VISA <input type="radio"/> American Express My credit card number is: _____ - _____ - _____ Expiration Date: _____ / _____ Month Year	Official I certify that I am the Test Control Officer (TCO) or Alternate TCO and that the above Service member has a current "Armed Forces of the United States Identification Card" and meets the GRE General or GMAT eligibility requirements as stated in the <i>DANTES Examination Program Handbook</i> . Signature: _____ Date: (MM/DD/YY) _____ Commercial Duty Phone: () _____ - _____
2. If you paid for the CBT GRE General or GMAT by voucher, you will receive a check for the test fee. Please provide a mailing address good for 90 days: (Print) _____ _____ _____ Zip Code _____ - _____ Commercial Day Time Phone: () _____ - _____	DANTES ID Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DANTES Test Center Address: _____ _____ _____ Zip Code _____ - _____
Please complete this form and submit with a copy of the score report to: ETS/The Chauncey Group International P.O. Box 6604 Princeton, NJ 08541-6604	IMPORTANT: Read the <i>Privacy Act Statement</i> on the reverse side of this form.

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/GMAT 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 form will complicate, delay, or possibly prevent the administrative actions necessary for reimbursement.

This form may be ordered from DANTES by using stock number 1273 on the DANTES Material Request Form. Send the DANTES Material Request Form to Defense Activity for Non-Traditional Education Support, Code 30J, 6490 Sauffley Field Road, Pensacola, FL 32509-5243.

