♦GRE GENERAL♦ REIMBURSEMENT REQUEST

DANTES Form 1560/49

(Revised July 2012: All previous editions are obsolete)

Reimbursement is not authorized without a copy of the official "GRE Examinee Score Report"

SECTION 1: Applicant Information 1. Name (Last, First, M.I.):								
(200, 100, 100, 100, 100, 100, 100, 100,								
2. Mailing address (print):								
(city)			(state)					
(zip code)								
3. Commercial home phone: ()								
4. Rank:		5. SSN:						
6. DOB (MM/DD/YY):		7. Command	J :					
8. If Active Duty (choose only	y one):							
ArmyMarine Corps	o Navy		 Air Force Coast Guard					
9. If National Guard/Reserve (choose only one):								
<u>Guard</u>	o Army		Air Guard					
<u>Reserve</u>	ArmyNavyCoast		Air Force Marine Corps					
SECTION II: Examination Information								
1. May be used for the GRE	General	exam only.						
2. Date administered (MM/D								
3. Taken at: City:			nty:					
4. Test fee (one administration Note: Expenses such as resche			arrival or forfeiture					
fees, credit card interest,	or travel e	xpenses are no	t reimbursable					
5. Attach a legible copy of t	he <u>officia</u>	<u>I</u> "GRE Exami	nee Score report."					
SECTION III: Examinee Certification								
I agree to seek reimbutest date. I certify this is my first Dand understand this incloffered at DANTES Test exam. I further certify that my control card will not expire before	ANTES-fu udes pape t Sites or c current " G e	nded GRE Ge er-based admir computer-base eneva Conver	neral administration histrations previously d versions of the httons" Identification					
Signature:								
Date (MM/DD/YY):								
Commercial duty phone: ()								

SECTION IV: Reimbursement Process							
1. Credit card:							
Only the account the GRE General test fee was charged to will be credited. Please check on of the following:							
Master Card							
Credit card number:							
Expiration Date (Month/Year):/							
2. Check or voucher:							
 If you paid the GRE General test fee by voucher or check, you will be reimbursed via check from Prometric. The address in Section I: Block 2 <u>must be valid for 90 days</u>. 							
Submit completed form with a copy of the official "GRE Examinee Score Report" to:							
Prometric 1260 Energy Lane St. Paul, MN 55108							

IMPORTANT

Read the *Privacy Act Statement* on the instructions included with this form.

SECTION V: DANTES Official Certification

Cannot be certified by Prometric Test Center Personnel

DANTES Official Only:

- I certify that I am the DANTES Test Control Officer (TCO) or ATCO.
- I have verified that the Service member has a current "Geneva Conventions" Identification Card and meets the GRE General eligibility requirements as stated in the DANTES Examination Program Handbook (DEPH).

Program Handbook (DEPH).			
Print name:		 	
Signature:			
Date (MM/DD/YY):			
Commercial duty phone: ()	 	
DANTES Test Site address:			
			l
DANTES Test Site ID Number:			

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

Instructions for using the GRE General Reimbursement Request Form

DANTES Test Control Officer

Please refer to the *DANTES Examination Program Handbook* (DEPH) GRE Chapter 7, for reimbursement responsibilities and instructions.

Examinee

- Contact the nearest DANTES Test Site* after receiving the <u>official</u> "GRE Examinee Score report" (approximately <u>2 weeks</u> after testing or longer for overseas administrations).
- Complete each section of the GRE General Reimbursement Request Form 1560/49.
- Ensure a DANTES TCO/ATCO (not Prometric test center personnel) completes and signs Section V.
- Submit within 90 days of taking the GRE General.

Credit Card Payment:

Prometric issues the credit to the examinee's credit card account.

- Credit card information in Section IV must be the same as the card initially charged.
- Allow 2 monthly billing cycles AFTER the form is received at Prometric for the credit to appear.

Examinees should not inquire about the status of their reimbursement until:

- After the appropriate waiting period of 8 weeks,
- And contacting their credit card company.

*For DANTES Test Control Officers and locations, email DANTES at **exams@navy.mil** or call (850) 452-1111 x 3245.

This form is no longer available through the DANTES Distribution Center. Download the printable version from the DANTES Web site at: http://www.dantes.doded.mil/Sub%20Pages/Exams/Exams_GRE.html