TESTING CENTER REBATE FORM

Each participating NEWL test center (hosting external students) will receive a $9 per examinee tested. To process respective rebates, please complete and email this form to [hmshamsi@americancouncils.org](mailto:hmshamsi@americancouncils.org) no later than **May 1st** noon EDT. Unfortunately, we are unable to generate any rebates after this date and time.

# POLICY

The registered Test Center will be issued a sum check in the amount of $9 per examinee tested. This refund is provided to the Testing Center for the services and equipment they supplied on the day of the administration. Test center forgoes its $9 for students who took the exam using a reduced fee.

# PAYMENT INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Test Center Name:** | | |  | | | | | | | | |
| **Enrolled School Name:** | | |  | | | | | | | | |
| **Payable To:**  (Test Center Name) | | |  | | | | | | | | |
| **Exam Administered in:**  (List applicable NEWL language/s) | | |  | | | | | | | | |
| **Exam Administration Date/s:** | | |  | | | | | | | | |
| **Address:** | | |  | | | | | | | | |
| **City:** | | |  | | **State:** | |  | | **ZIP:** |  | |
| **Country:** | | |  | | | | | | | | |
| **Email:** | | |  | | | | | | | | |
| **Telephone** | | |  | | | **# of Examinees Tested:** | | | | |  |
|  | | |  | | |  | | | | |  |
| **ENROLLED SCHOOL NAME** | | **HOSTING TEST CENTER NAME** | **FIRST NAME** | | **LAST NAME** | | | | **EMAIL ADDRESS** | | | **ACCOMMODATIONS GIVEN** (YES/NO) | **REDUCED FEE** (YES/NO) |
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*Insert additional rows as needed.*