



UNIVERSITY OF
SOUTHERN MAINE
OFFICE FOR PRIOR
LEARNING ASSESSMENT

253 Luther Bonney Hall
PO Box 9300, 96 Falmouth St.
Portland, Maine 04104-9300
780-4663 or 800-800-4876, x4383
<www.usm.maine.edu/pla>

RESCHEDULE OF TEST DATE - CLEP

NAME _____ I.D. # _____ DOB _____

Mailing address, City, State, Zip _____

E-Mail Address _____

Daytime phone _____

Name of test(s) ① _____

② _____

Month/Day/Year that the exam was originally scheduled _____

MONTH/DAY/YEAR/TIME THAT YOU WANT TO RESCHEDULE THE EXAM _____

Rescheduling an exam requires a

- completed *Reschedule of Test Date Form* (this form).
- a fee of **\$35 per exam** when the exam is rescheduled a month or less from the originally schedule. See Policy Notes below. If you reschedule an exam more than once, you will be placed on a stand-by list for future administrations of the exam, with the payment of the rescheduling fees.

POLICY NOTES

- * Test takers who choose to re-take an exam must wait 180 days between test dates.
- * The \$45 administrative fee is non-refundable if an exam is cancelled by a test taker or test taker does not appear for a scheduled exam.
- * If you are late and therefore not permitted to take the exam, you may reschedule for the following month after paying the \$35 rescheduling fee, or accept a refund only for the cost of the exam (\$70-CLEP/\$80-DANTES).
- * If you are not present on test day, and have not notified the test center to cancel, you will not be eligible for a refund. You must resubmit new registration forms, test, and administration fees for the next available date. A rescheduling fee will also be charged.
- * All fees and payments will be forfeited when you change exams or dates within a week of the scheduled test.

SUBMITTING MATERIALS

In person: Office for Prior Learning Assessment
253 Luther Bonney Hall
32 Bedford Street
P.O. Box 9300
Portland, Maine 04104-9300

By mail: CLEP Rescheduling
University of Southern Maine
253 Luther Bonney Hall, 32 Bedford Street
P.O. Box 9300
Portland, Maine 04104-9300

JAN09

Billing Office Only

B D A C F

Account to be credited: CLEP 06-6805005-45319-11-00
DANTES 06-6805005-45380-61-00

Amount received: _____

Payment Method: Check Cash

Credit card Name on card: _____

Type of credit card: Visa MC Discover Exp. Date _____

Card number _____ V# _____

Name of Student _____ Address _____

City _____ State _____ Zip _____ Phone _____