



**REGISTRY EXAM FEE REIMBURSEMENT FORM**

*Note: Please fill out the form completely. Incomplete forms will not be processed. Attach proof of exam registration, result (if applicable) along with the receipt for payment with this form.*

**STUDENT INFORMATION**

Name of Student:	Date of Birth:
Mailing Address:	
Email Address :	Phone #:
Program of Enrollment:	Graduation Date: <i>(if applicable)</i>

**REGISTRY EXAM INFORMATION**

Registry Exam:	Exam Fee: \$
Date Attempted / Scheduled:	Result: PASS / FAIL <i>(circle one – if applicable)</i>
Please check one :	
<input type="checkbox"/> I will pick up the reimbursement check	<input type="checkbox"/> I would like the check to be mailed to the address above

In completing this request form, I certify that all the information above is correct and updated to the best of my knowledge. I understand and agree that it may take 1 to 2 weeks for the reimbursement to be processed, if approved.

\_\_\_\_\_  
Student Sign \_\_\_\_\_ Date

**(Office Use only)**

- Reimbursement Approved
- Not Approved

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement Amount:	Check Issued: #
CFO Signature:	Accounts Signature:
Date:	Date: