

SEE Appeal Request Form

Testing Program: Special Enrollment Examination

Test Number: SEE

Reference Number (Prometric use only): _____

Please complete each of the following fields

First Name		Last Name	
Address Line 1		Address Line 2/Apartment	
City and State		Zip Code	
Country (if other than United States)			
Daytime Phone Number	() -	Evening Phone Number	() -
Confirmation Number		Date of This Request	

Please explain the reason for the appeal requested:

Submit the completed Appeal Request Form to Prometric at:

Prometric Operations Center
Attn: Appeal Committee
7941 Corporate Drive
Nottingham, MD 21236
Or by fax to 1-800-853-6781

Prometric will respond to appeal requests within twenty business days after receipt.