

CENTER FOR EXAMINATIONS AND CERTIFICATIONS

## **TOEIC®** Rescoring Request Form

## Please PRINT CLEARLY all information requested below:

Candidate Information				
Code				
Last/Family Name				
First Name				
Father's Name				
Date of Birth				
Mailing Address				
City	Postal Code:			
Email Address				
Telephone	Mobile:			
Test Location:	Test Date:			
Date of Request:	Signature:			

Rescoring Fee	The fee for this service is 35€. This must be deposited at the <b>EUROBANK</b> . The bank account number is <b>0026-0012-31-0100821820</b> (IBAN: 88 0260 0120 0003 1010 0821 820). If the rescore is higher than the initial score, rescoring fees will be refunded.	
	In the case of interbank transfers, any expenses are born by the customer and not the Hellenic American Union. For this reason, please select <b>"Expenses OUR"</b> and <b>not</b> "Expenses SHA"	
Submit your Rescoring Request Form	<ul> <li>There are three alternative ways to submit your Rescoring Request Form along with the deposit slip from the bank:</li> <li>email it to: exams@hau.gr</li> <li>or mail it to: Hellenic American Union, Massalias 22, 106 80 Athens.</li> </ul>	
Results	Processing of your request will take approximately 2 weeks. The results will be mailed to you at the address you specified above.	
Rescoring Period	The rescoring request should be submitted up to 30 calendar days after the announcement of the results.	

## Upon signing of this document, I hereby:

- Request rescoring of candidate's exams, as per above.
- Confirm that the above information is accurate and correct.
- Confirm that the candidate is made aware of and complies with the examination regulations of the Hellenic American Union Center for Examinations and Certifications and undertakes the responsibility to comply with the specific regulations. Examination regulations have been made publicly available at http://www.hau.gr/?i=examinations.en.examinationregulations. Any questions on the regulations should be addressed to the Hellenic American Union Center for Examinations and Certifications.
- Confirm that I am aware of the processing of personal data by the Hellenic American Union (https://www.hau.gr/elgr/prosopika-dedomena/summetexontes-se-eksetaseis) and by Educational Testing Service (https://www.ets.org/legal/privacy)

Candidate's name - Parent's/Guardian's name:	Date:	Signature:
--	-------	------------

Please sign to validate the application