



## REQUEST FOR PARTIAL REFUND

*Please review the Withdrawal Policy on the NBEEO website prior to submitting this form.* Per Section 3(b), if a candidate reschedules, cancels or does not take the examination because of circumstances beyond their control, then NBEEO in its sole discretion may refund the examination fee minus a 20% service fee.

### CURRENT INFORMATION

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

OE Tracker # \_\_\_\_\_

First Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Test Cancellation: \_\_\_\_\_

Rescheduled Test Date: \_\_\_\_\_  
(if applicable)

List of NBEEO exam(s) canceled/rescheduled:

Reason for Request (Be very specific and include details).

### List of attached Third Party Documentation:

(i.e. airline documentation regarding flight issues, hospital or doctor's office documentation, etc.)

I attest that the information contained in this request form is true, accurate and complete and understand that any falsification, omission or concealment of material fact may be a violation of the Candidate Exam Conduct and Exam Security Agreement.

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

**COMPLETE THIS FORM WITHIN 15 DAYS OF ORIGINAL EXAM DATE AND  
RETURN TO NBEEO AT [NBEOREGISTRAR@OPTOMETRY.ORG](mailto:NBEOREGISTRAR@OPTOMETRY.ORG).**