

# Instructions for the GMAT® Appointment-Scheduling Form

## Submitting this Form by Mail

- GMAT® Customer Service in the United States must receive this form **at least three (3) weeks before your earliest requested test date**. Be sure to allow for enough mailing time. Letters mailed from some countries can take up to eight (8) weeks to reach the United States.
- Be sure to include proper payment with this form.
- The mailing address is provided on **www.mba.com**.

## Submitting this Form by Fax

- GMAT® Customer Service in your region must receive this form **at least seven (7) business days before your earliest requested test date**.
- Be sure to include your credit card information on this form.
- Regional fax numbers are provided on **www.mba.com**.

## Scheduling Process

- We will try to schedule your first-choice test date, then your second-, third-, fourth-, or fifth-choice test date in chronological order at your first-choice test center.
- If you select a second-choice test center and we are unable to schedule you at your first-choice center, we will try to schedule your first-choice, then second-, third-, fourth-, or fifth-choice test date at your second-choice test center.
- If none of the test dates requested are available, we will try to contact you so that you may select another date. If we are unable to reach you, your form and payment will be returned to you.
- If you have a problem with the appointment scheduled for you, contact GMAT® Customer Service in your region as soon as possible.

## Retaking the Test

- You may take the GMAT® exam only once within a 31-day period and no more than five (5) times within a 12-month period. (See "Retest Policy" on **www.mba.com**.)

## Confirmation Letter

- We will send you a letter confirming the appointment that is scheduled for you. If you do not receive confirmation of your appointment by e-mail, fax or mail, you must call GMAT® Customer Service in your region **at least seven (7) business days before your earliest requested test date**.
- If you miss your appointment and do not call GMAT® Customer Service, your test fee will not be refunded.



**Please use black ink.**

If the form is not properly filled out (contains incomplete information, unclear letters, or non-English characters), it MAY cause a delay in processing your registration and appointment request. Please read the instructions carefully. ALL information is required, unless you do not have certain information (such as a fax number).

*Important: If you are paying by credit card, you can quickly search for and schedule an appointment at **www.mba.com**. You can also schedule your appointment by phone through GMAT® Customer Service.*

**For office use only**

Date Received	Order Number	
<input type="text"/>	<input type="text"/>	
Remittance No.	Batch ID	
<input type="text"/>	<input type="text"/>	
Exam Date	Exam Time	Test Center
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Test Date and Center Information**

- Indicate your first five test date choices by month (MM) and day (DD); for example, May 21 would be listed as 05/21.
- Fill in the site ID for the test center (refer to **www.mba.com**) at which you want to test, along with the name of the city and country in which the test center is located.
- Include a second-choice test center, if possible.
- Use the country codes on **www.mba.com** to complete this form.
- If your information will not fit in the space provided, write outside the lines or use additional sheets.

**Test Date**

1st Choice: MM/DD*	2nd Choice: MM/DD	3rd Choice: MM/DD
<input type="text"/>	<input type="text"/>	<input type="text"/>
4th Choice: MM/DD	5th Choice: MM/DD	
<input type="text"/>	<input type="text"/>	

**Test Center**

Site ID—1st Choice*	City*
<input type="text"/>	<input type="text"/>
Country Code*	
<input type="text"/>	
Site ID—2nd Choice*	City*
<input type="text"/>	<input type="text"/>
Country Code*	
<input type="text"/>	

\*Required Information

**Identification (ID) Requirements**

■ Be sure the name you provide on this form matches the valid ID you will present on the day of the test. See [www.mba.com](http://www.mba.com) for specific identification requirements.

■ If you fail to present an acceptable, valid form of ID or if your name on the ID does not match the name you provide on this form, you will be **TURNED AWAY** from the test center. Your test fee will not be refunded.

■ Use the country codes on [www.mba.com](http://www.mba.com) to complete this form.

■ If your information will not fit in the space provided, write outside the lines or use additional sheets.

Title

Mr.  Mrs.  Miss  Ms.  Dr.  Other

First Name (Given Name)\*

M.I.

Last Name (Family or Surname)\*

Suffix

Jr.  Sr.  II  III  IV  Other

Address Line 1 (Number and Street)\*

Address Line 2 (optional)

City\*

State or Province

Country Code\*

Postal Code

Country of Citizenship Code\*

Daytime Telephone Number\* including Country Code

Evening Telephone Number including Country Code

Fax Number including Country Code

E-mail Address

Date of Birth (MM/DD/YYYY)\*

Gender\*

Female  Male

If you are a U.S. citizen, select your ethnic or racial identification:

African American  American  Multiethnic  Puerto Rican  
 American Indian, or Other Native  Asian  Multiracial  White  
 Mexican  Hispanic  Other

Have you taken the GMAT® exam before?\*

Yes  No

If yes, enter your GMAT® ID (if available)

When do you plan to start a graduate management program (MM/YYYY)?\*

(Leave blank if undecided)

\*Required Information

**Payment Information**

- Fax or mail this form if you are paying with a credit card.
- Mail this form if you are paying with a cashier's check, money order, or personal check.
- See **www.mba.com** for detailed payment information.
- If you do not submit payment with this form, your test appointment will not be made and your form will be returned to you.
- If the cardholder name and billing address for the credit card you are using do not match the name and address entered elsewhere on this form, you must enter the cardholder information requested. The name and address provided must match the name and address on the credit card billing statement.
- Use the country codes on **www.mba.com** to complete this form.
- If your information will not fit in the space provided, write outside the lines or use additional sheets.

Credit Card Information

- VISA®     MasterCard®     JCB®     American Express®

Credit Card Number

Expiration Date (MM/YY)

 / 

Security Code

  

Cardholder Signature

Date (MM/DD/YYYY)

 /  /    

Other Payment Method (must be enclosed)

- Cashier's Check     Money Order     Personal Check

Cardholder Information (if different from personal information)

First Name (Given Name)

M.I.

Last Name (Family or Surname)

Address Line 1 (Number and Street)

Address Line 2 (optional)

City

State or Province

Country Code

Postal Code

Daytime Telephone Number Including Country Code

**Other Information**

- GMAT® Score Report: Select one or both of the options on the right at no additional charge.
- GMATPrep™ CD (optional):  
To receive the CD, select a shipping method and enter the appropriate amount at right. To get GMATPrep™ software immediately, visit **www.mba.com** to download the file.
- For current GMAT® registration fee and applicable tax information, please visit **www.mba.com** or call GMAT® Customer Service in your region.

Exam Fee

- I want to view my score report electronically. I have entered an e-mail address on this form.
- I want to receive a paper copy of my score report, which will be mailed to the address provided on this form.
- I would like to download GMATPrep™
- I would like a CD-ROM of GMATPrep™
- Standard shipping – no charge
- Express shipping to United States – US\$20.00
- Express shipping outside United States – US\$27.00

Tax (Visit **www.mba.com** for information on taxes that may be applicable.)

Amount Enclosed

I hereby agree to the terms and conditions set forth in the *GMAT® Information Bulletin* in effect at the time I take the GMAT® exam, including without limitation those related to testing; score cancellations; exclusive remedies for testing or scoring errors; examinee misconduct and test irregularity policies; confidentiality of the test; Privacy Policies; collection, processing, use, and transmission to the United States of my personally identifiable data (including the digital photograph, fingerprint, signature, and audio/video recording collected at the test center), and disclosure of such data to GMAC®, its service providers, any score recipient I select and others as necessary to detect or prevent fraud or other unlawful activity or as required by law or in legal proceedings. I certify that I am the person who will take the test at the test center and whose name and address appear upon this form.

Signature

Date (MM/DD/YYYY)

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