

GMAT Appointment Scheduling Form

Mail:

Pearson VUE

Attention: GMAT Program

PO Box 581907

Minneapolis, MN

55458-1907

USA

Fax:

Americas Region:

1-952-681-3681

Asia-Pacific Region:

+60-38319-1092

China:

+86 1061957800

Europe, Middle East, Africa

(EMEA) Region:

+44 (0) 161 855 7301

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.

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

Remittance No.

Batch ID

Exam Date

Exam Time

Test Center

Test Date and Center Information

- ④ Indicate your first five test date choices by month (MM) and day (DD); for example, May 21 would be listed as 0521.
- ④ Fill in the site ID for the test center at which you want to test, along with the name of the city and country in which the test center is located.
- ④ Include a second-choice test center, if possible.
- ④ 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

4th Choice: MM/DD

5th Choice: MM/DD

Test Center

Site ID—1st Choice*

City*

Country Code

Site ID—2nd Choice*

City*

Country Code

***Required Information**

Identification (ID) Requirements

- ④ Be sure the name you provide on this form matches the valid ID you will present on the day of the test.
- ④ 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.

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

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*

Male Female

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

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

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

- ④ Fax or mail this form if you are paying with a credit card.
- ④ Mail this form if you are paying with a cashier's check, money order, or personal check.
- ④ If you do not submit payment with this form, your test appointment will not be made and your form will be returned to you.
- ④ 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.

Credit Card Information

VISA® MasterCard® JCB® American Express®

Credit Card Number Expiration Date (MM/YY) Security Code

Cardholder Signature		Date (MM/DD/YYYY)	

Or 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	
City	State or Province
Country Code*	Postal Code
Daytime Telephone Number,* including Country Code	

* Required Information

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

Amount Enclosed

- ④ For current GMAT fee and applicable tax information, please visit www.mba.com or call GMAT Customer Service in your region.

I hereby agree to the terms and conditions set forth in the *GMAT Handbook* 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; and Privacy Policies. As provided in the Privacy Policy on www.mba.com, I expressly consent to the collection, processing, use, and transmission to the United States of my personally identifiable information (including my test records and the digital photograph, signature, fingerprint and/or palm vein pattern, and audio/video recording collected at the test center), exclusively for the purposes and in accordance with the principles set forth in the Privacy Policies; I also expressly consent to the disclosure of such data to GMAC (the "data controller" under certain international laws), its service providers, any score recipient I select (which may be located in a country that does not provide for a level of data protection that is equivalent to the one in my home country), and others as necessary in connection with any investigation of unlawful activity or as required by law. I am fully aware that I have certain rights to access, modify, or rectify personal data as set forth in the Privacy Policies. I certify that I am the person who will take the test at the test center and whose name and address appear on this form.

Signature	Date (MM/DD/YYYY)