

Teacher Code



Australian
Music
Examinations
Board (Vic) Ltd

RESCHEDULE REQUEST (WITHIN THE SAME SESSION)

FOR COUNTRY EXAMINATIONS PLEASE CONTACT OUR OFFICE BEFORE SUBMITTING THIS FORM.

Teacher's Details:

NAME:

ADDRESS:

PHONE NO:

Candidate's Details:

CANDIDATE NAME:

CANDIDATE NUMBER:

Examination Details:

SUBJECT: GRADE:

DATE: TIME:

SESSION: CENTRE:

VENUE ADDRESS:

Dates to Avoid:

.....
.....

AMOUNT ENCLOSED: \$ PAYMENT METHOD: Cheque Credit Card*

Reschedule Fee: 75% of entry fee (50% with medical certificate) (*Enclose signed Credit Card Payment Voucher)

MEDICAL CERTIFICATE ATTACHED (tick):

SIGNATURE:

DATE:

OFFICE USE ONLY	
REC	
DATE	
COMP	
REGISTER	
OFFICE	
MAILED	