REQUEST FOR EXAM POSTPONEMENT



Last name: First name:					
Date of birth: d					
Language: Level of exam: Part of exam:					
Candidate number:					
Examination site:					
Original exam date:					
Comments (e.g. choice of a co-examinee):					
I hereby accept that by filling in this form to postpone the date of my exam, I will be automatically					
registered for the next exam date.					
Postponing may be done only once for the next exam period.					
Only the part of the exam may be postponed that was originally registered. If you appear and start					
the exam, your appeal cannot be accepted.					
Mailing address:					
Country: Zip code: City:					
Address (apt, street):					
Phone number: E-mail address:					
Done at(place),(day)(month)(year)					
signature					