

**This section must be completed**

University Testing Services  
Learning and Assessment Services

Name of Staff: \_\_\_\_\_

**UH Student PS ID:**

□ □ □ □ □ □ □

**Please print**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Brief description of student inquiry, research, and disposition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

**BILLING INQUIRY FORM**

University Testing Services  
Learning and Assessment Services

Please complete this form and return it with a copy of your receipt or fee bill to Rm. 204 Student Service Center.

**NAME OF TEST:** \_\_\_\_\_

**ORIGINAL TEST DATE/TIME:** \_\_\_\_\_

- I was billed for a test for which I did not register.
- I was billed for a test which I registered for and then did not take on the scheduled date.
- I received an incorrect refund fee.
- I was overcharged for the test.
- Other Reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Examinee \_\_\_\_\_ Date \_\_\_\_\_

**UNIVERSITY TESTING SERVICES  
UNIVERSITY OF HOUSTON  
204 STUDENT SERVICE CENTER  
HOUSTON, TEXAS 77204-3025**

**(713) 743-5444**

**Fax : (713) 743-5383**

**<http://www.las.uh.edu/uts>**

**TRANSFER REQUEST FORM**

University Testing Services  
Learning and Assessment Services

Please complete application and return it with your admission ticket of your original test date to Rm. 204 Student Service Center. (One application per test.)

**NAME OF TEST:** \_\_\_\_\_

**ORIGINAL TEST DATE/TIME:** \_\_\_\_\_

**TRANSFER TO TEST DATE/TIME:** \_\_\_\_\_

**REFUND REQUEST FORM**

University Testing Services  
Learning and Assessment Services

Please complete application and return it with your admission ticket of the original test date, and if applicable a copy of your receipt to Rm. 204 Student Service Center. Only for those tests when a refund is available. (One application per test.)

**NAME OF TEST:** \_\_\_\_\_

**ORIGINAL TEST DATE/TIME:** \_\_\_\_\_

- I paid for the exam at the time of registration.
- Form of payment:  Cash  Check/Money Order
- Credit Card (online)  Billed (UH Student Only)

Receipt/Registration Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

- I was billed for the exam through the Bursar.\*
- I am currently/have been a UH-Student.
- I have never enrolled at UH.

Signature of Examinee \_\_\_\_\_ Date \_\_\_\_\_

This brochure has been designed for your convenience. Please complete all of the necessary information as requested. This will enable us to process your request promptly and efficiently. Thank you.

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## TRANSFER REQUEST FORM

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**FEE**                      **\$5.00 for UH students**  
                                 **\$10.00 for non-students**

The **Transfer Request Form** is used to transfer your original test date to another test date under certain conditions. You may transfer 48 hours in advance of your original test date and time by filling out the Transfer Request Form. You may only transfer one time per test. You must turn the form in to University Testing Services before the new test date along with your admission ticket for the original test date. The fee can be charged to your account by presenting your UH identification card to the Testing Office or you will be obligated to pay the transfer fee.

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## REFUND REQUEST FORM

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If you are not present for the test, you may within 15 days of the original test date receive a 50% refund of your test fees only for those tests when a refund is available. Please fill out the Refund Request Form and return it to the Testing Office along with your admission ticket. Please allow 3-4 weeks for processing.

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## BILLING INQUIRY FORM

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Students who have questions or concerns about their bill or fees may fill out the Billing Inquiry Form and return it to the Testing Office. Please allow 2-3 weeks for processing.

# University Testing Services

## Office Hours

**Monday through Friday**  
**8:00 a.m. - 5:00 p.m.**

**Room 204**  
**Student Service Center**

**(713) 743-5444**

**Fax: (713) 743-5383**

**<http://las.uh.edu/uts>**

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## PRIVACY NOTICES ON UNIVERSITY FORMS

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“State law requires that you be informed of the following:

- (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form;
- (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and
- (3) under sections 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.”



**Billing**  
**Refund**  
**Transfer**

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