



**GED Testing Center at the University of the District of Columbia**

**Mailing Address:** 4200 Connecticut Avenue, N.W. MB1005  
Washington, DC 20008

**Walk In Address:** 410 8<sup>th</sup> Street, NW, Suite 601  
Washington, DC 20004

[www.deged.org](http://www.deged.org)

**APPLICATION TO REQUEST EARLY RETESTING**

<b>DIRECTIONS:</b>		Complete this form in its entirety and return the completed document to the OSSE – GED Testing Center. Please note: you must include the proper documentation to support your request.					
SOCIAL SECURITY NUMBER: _____ - _____ - _____		DATE OF BIRTH		MONTH	DAY	YEAR	AGE
LAST NAME/SURNAME			FIRST NAME			MIDDLE INITIAL	
STREET ADDRESS (PLEASE FILL IN THE APPLICANT'S PERMANENT ADDRESS)						APT#	
CITY			STATE		ZIP CODE		WARD
HOME PHONE ( ) ( )			ALTERNATE PHONE ( ) ( )			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HOW DID YOU OBTAIN THIS APPLICATION? <input type="checkbox"/> GED TESTING CENTER WALK-IN <input type="checkbox"/> GED TESTING CENTER WEBSITE <input type="checkbox"/> ADULT LEARNING CENTER <input type="checkbox"/> OTHER: _____		ARE YOU ELIGIBLE FOR SPECIAL ACCOMODATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No  IF YOU HAVE A DOCUMENTED LEARNING DISABILITY, PHYSICAL DISABILITY, EMOTIONAL DIABILITY, OR ATTENTION DEFICIT/HYPERACTIVITY, YOU MAY QUALIFY FOR SPECIAL ACCOMODATIONS WHEN TAKING THE GED TEST. REQUEST FORM LD-8051 (FOR A LEARNING DISABILITY), FORM PCH – 63909 (FOR A PHYSICAL DISABILITY), FORM EMH-6027 (FORM AN EMOTIONAL DISABILITY), OR FORM ADHD – 12475 (FOR ATTENTION DEFICIT) TO BE FILLED OUT BY A CERTIFIED PROFESSIONAL OR MEDICAL DOCTOR. EACH REQUEST IS CONSIDERED ON AN INDIVIDUAL BASIS. (5/8/2006)			IN WHICH LANGUAGE (FORMAT) DO YOU WANT TO TAKE EXAM: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> BRAILLE <input type="checkbox"/> ENGLISH /LARGE PRINT		
YOU MUST INDICATE FOR WHICH REASON YOU ARE REQUESTING EARLY RETESTING. <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> LEGAL <input type="checkbox"/> CONTINUING EDUCATION <input type="checkbox"/> PROGRAM TERMINATION					PLEASE INDICATE THE DATE OF YOUR LAST EXAMINATION:		
I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION ENTERED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM A RESIDENT OF THE DISTRICT OF COLUMBIA.							
SIGN HERE						DATE:	
<b>FOR GED TESTING TESTING CENTER USE ONLY</b>							
RECEIPT DATE:		RECEIVED BY:			APPLICATION STATUS:		
					<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> MORE INFORMATION REQUESTED.		

REVISED ON 6/2/08

THE OSSE – GED TESTING CENTER WILL SEND A WRITTEN DECISION TO ALL APPLICANTS FOR EARLY RETESTING WITHIN 14 BUSINESS DAYS OF RECEIPT OF THE REQUEST. IN CASES WHERE APPROVAL DECISION IS RENDERED, APPLICANTS MUST CONTACT THE GED TESTING CENTER TO SCHEDULE RETESTING AND THE NORMAL TESTING PROCEDURES WILL APPLY THEN.