REQUEST FOR WAIVER OF RESCHEDULING/CANCELLATION FEE



Please review the Registration and Scheduling section of the COMLEX-USA Bulletin of Information before submitting this form.

Pate:	NBOME ID#:
irst Name:	Last Name:
Daytime Phone Number:	Email:
Date of Test Cancellation:	Rescheduled Test Date (if applicable):
amount Assessed by Pearson VUE	This request applies to: Level 1 Level 2-CE Level 3
Reason for Fee Waiver Request: Be specific. Include pertinent details.)	
ist of Attached Third Party Documentation	ospital or doctor's office documentation regarding emergent
ist of Attached Third Party Documentation e., airline documentation regarding flight issues, ho	ospital or doctor's office documentation regarding emergent