

GED® Test Application

GED® Testing Center

Independent Learning Centre 2180 Yonge Street – 1st Floor Toronto, ON M4S 2B9 Telephone: (416) 484-2737 1-800-573-7022 email: ged@tvo.org

IMPORTANT

- To write a GED[®] test you must
- be at least 18 years of age
- have been out of school for at least one full year
- not have graduated from high school
- be a resident of Ontario

PLEASE PRINT YOUR PERSONAL INFORMATION CLEARLY IN THE SPACES ON THE FORM.

Last name (as per ID submitted):

First name:

Middle name:

Last name at birth:			Email addr	Email address (REQUIRED):			Retype email addres	ss (REQUIREI)):
Apt. number:	Mailing add	lailing address (building number and street name):				City:			Province: Ontario
Postal code: Telephone num			ıber:		Daytime telephone number:			Ext.:	
Date of birth: Month	Day	Year	Age:	Gender: Female Male					
	To rewrite any test whe	the following te re your standard	st(s): 2. Li 3. N d score is less		g allowed i	5. S □ 5. S with no wa	ocial Studies cience aiting period if the score twice in any calenda		
NSF cheque will attempted rewrite \$100.00 to be pa (We do not accept	result in a \$3 a. id by: ot Debit Mast	5.00 charge and Visa 🗌 Mast ercard.)	l your test scor	es will be withheld. P	lease not heque ce	e that the	d cheque, money orde re is a non-refundable your bank iry date (MM/YY):		
Name of cardhol	der:	Signature of cardholder: X							
Name of paying	Centre (if app	olicable)							
To the best of m	y knowledge	, the informatior		DRTANT – PLEASE I			_		
	gibility purpose	es and for evaluation	on requirements	of the GED [®] certificate.			9, Section 8 (q) and Chap also be used by TVO for s		

In addition, I am requesting:

To write a special edition of the test (large print)

To write the test with special accommodations (*You will need to complete the appropriate form.)

If you need a special accommodation (e.g. extended time, private room, frequent breaks) because of a physical, psychological, or learning disability, it must be documented by a qualified professional. **Note:** It takes approximately two months to process application forms where special accommodations are requested.

*Please visit ilc.org to access the special accommodations forms.

Refer to the Test Schedule. Indicate below the session code (example T-01) for your first choice (and where applicable, your second and third choice) for writing your GED[®] test(s). Your application must be received at least 2 weeks prior to the session.

First choice:	Second choice:	Third choice:
1.	2.	3.

PROOF OF IDENTITY

When you send in your application form and fee, you must provide proof of age. A photocopy of a Canadian birth certificate, Canadian passport, Ontario driver's licence, or Ontario photo health card is acceptable.

Important: When you arrive to write your test, you must present photo identification and proof of age, e.g., your Ontario driver's licence, Canadian passport, or Ontario photo health card. A photocopy will NOT be accepted.

SEND YOUR APPLICATION WITH PROOF OF IDENTITY

By email to:	OR	By mail to:
ged@tvo.org		GED [®] Testing Centre Independent Learning Centre 2180 Yonge Street, 1st Floor P.O. Box 200, Station Q Toronto, ON M4T 2T1

Your application will be returned to you, if any one of the following items is missing (REQUIRED):

Test session choices indicated

Completed and signed application

Proof of age (ONTARIO issued)

Payment of \$100.00 fee

Date of leaving letter for candidates who are 18 years old

A letter will be sent to confirm your test dates. If you have not received your confirmation letter within three weeks, please contact our office.

Note: If you cannot attend your confirmed session, please contact us at least one week prior to the test date or you will incur a \$25.00 rescheduling fee.

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