



**Mail or fax to:**  
PECT Program  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004

**Phone:** (800) 877-4591 or (413) 256-2886  
**Fax:** (413) 256-7055

### Instructions

An institution official should complete and submit this form at least 6 weeks before the date the candidate intends to test. Upon approval by Evaluation Systems, usually within three weeks after receipt of the request, a voucher code will be provided to the candidate via email. Candidates should wait to receive their voucher code before registering to test.

### Retake Voucher Eligibility Requirements

For a candidate to be eligible for a retake voucher, she or he must have attempted to pass the test module at least once but no more than twice, must have a GPA of 3.0 or higher\*, and must meet the following score point requirement\*:

- for PreK–4 Module 1, must have a scaled score from 184 to 196
- for PreK–4 Modules 2 & 3, must have a scaled score from 184 to 192
- for Special Education PreK–8, and Special Education 7–12, must have a scaled score from 209 to 219
- for PAPA Modules 1 & 3, must have a scaled score from 209 to 219
- for PAPA Module 2, must have a scaled score from 177 to 192

Eligible candidates may receive one voucher only per test module.

#### 1. Candidate's Name

Last

First

Middle  
Initial

#### 2. Candidate's Address

Post Office Box or Street Address and Apartment Number

City or Town

State

ZIP Code

#### 3. Candidate's Telephone Numbers

Daytime

Area Code

Evening

Area Code

#### 4. Candidate's Email Address: \_\_\_\_\_

This section must be completed by an appropriate official at the candidate's teacher education program.

#### 5. Candidate's Attending Institution: \_\_\_\_\_

#### 6. Candidate's GPA: \_\_\_\_\_

#### 7. Test Module to Be Retaken: \_\_\_\_\_

#### 8. Candidate's Highest Score to Date on Test Module to Be Retaken: \_\_\_\_\_

Test Date of Highest Score: \_\_\_\_\_

#### 9. Candidate Meets All Eligibility Requirements: Yes No

If no, please note exceptions\*: \_\_\_\_\_

#### 10. Approved by: \_\_\_\_\_ 11. Title: \_\_\_\_\_

Name (please print)

I certify that I am the person whose name appears below, that I am authorized by the listed institution to approve this request, and that the candidate named above meets the eligibility requirements for a retake voucher, with any exceptions noted on line 9.

Signature

Date

\*The Dean of the School of Education may waive the GPA or the score point requirement if she or he feels the candidate warrants special consideration.