



MELAB

RESCORE REQUEST FORM

A MELAB rescore must be requested within **30 days** of receipt of results. If the test has been taken more than once, only the most recent test will be rescored.

Credit Card Information

 VISA MasterCard Discover

Please enter your credit card number

3-Digit CCV

Expiration Date

month year

- If you are paying with a credit card, you may fax your request to 734.763.0369.
- DO NOT email credit card information to the ELI. We will not process credit card payments sent via email or email attachment.

\$25 U.S. (for each section of the exam you wish to have rescored)

Make check or money order payable to English Language Institute.

If you pay with check or money order, please mail your MELAB rescore request to:

English Language Institute, MELAB
 University of Michigan
 500 East Washington Street
 Ann Arbor, Michigan 48104-2028 USA

Your Full Name _____
last first middle

Your Address _____

Your Email _____ Your Date of Birth ____/____/____
month day year

Test Date ____/____/____ Test Location _____
month day year

Your 5-Digit MELAB Identification Number:

Rescores will be completed within 5 business days. If the rescore is higher than the original score, there will be no charge for the rescore. If the rescore remains the same or goes down, a \$25 U.S. fee will apply for that section.

Signature _____ Date ____/____/____
month day year